

- Locker assignments and locks will be issued by Cardinal Health. Personal locks are not allowed. Locks will be subject to inspection by Management at their discretion.
- Visitor's entering the distribution center should be asked to sign in on a **Visitor's Log (Form #21)**, indicating their name, who they represent, time in, time out, and who they are visiting at the distribution center. Each visitor should wear a badge and must be escorted during their stay.
- Warehouse access is limited to employees who have full-time assignments that require their presence in the warehouse.
- Coats and pocketbooks are not allowed in the warehouse.
- Employees are to adhere to the posted access list for the cage and vault area.
- A **Miscellaneous Security Log (Form #22)** should be used to document any minor security-related incidents that occur but do not need to be explained in detail.

Security rules should be distributed to all employees and a signature obtained to document receipt.

### **Violence Prevention Procedures**

The sign entitled **Violence Prevention Procedures (Exhibit G)** should be posted in conspicuous locations throughout the distribution center. These procedures should be reviewed with distribution center employees on a routine, periodic basis. It is paramount that all employees know exactly what to do in case they are confronted with a possible violent situation. Additional copies of these signs may be obtained through the Corporate Compliance Department.

### **Driver Security Rules**

Drivers are required to adhere to the following security rules:

- Test all vehicle locks each day and immediately report defects to a supervisor.
- Keep all merchandise in the rear of the truck. Leave nothing in the cab.
- Secure the truck when making a delivery. Roll up all windows, lock all doors and take the keys with you.
- Do not stop for stranded motorists. This could be a setup for a hijack. If you feel it is necessary to call for assistance, do so at your next stop.
- Make it a habit to check your rear view mirror to see if you are being followed. If you suspect that you are being followed, obtain a description of the vehicle, the license number and the occupants. Proceed to the local police station; if this is not possible, proceed to your next stop and call the local police or the office.
- If you break down, stay with your truck. Leave only to call for assistance.
- Avoid areas where the threat of theft is high (such as back doors and alleys). If something appears suspicious, do not stop.

12/28/99

Training Manual

10-3

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- In the event of a robbery:
  - a. Offer no resistance.
  - b. Stay calm.
  - c. Be observant.

Driver security rules should be distributed to all drivers and a signature obtained to document receipt.

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Training Manual

10-4

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# *Test for Employees Handling Controlled Substances*

**Name** \_\_\_\_\_

**Location** \_\_\_\_\_

**Date** \_\_\_\_\_

January 12, 2000

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## **Company Policy**

Per the DEA Compliance Manual, anyone allowed unsupervised access to the cage or vault in order to pick controlled substances orders must complete the *Test for Employees Handling Controlled Substances* as well as the Post-Employment Security Data Information Sheet. The test and this form must then be submitted to the Corporate Compliance Department in Dublin, Ohio. Corporate Compliance will grade the test. Each individual must pass with a score no lower than 88%. If an employee does not pass the test, he/she must re-take the test at a later date and must obtain a passing score. The employee should be advised that prior to his or her working inside the controlled substance area, an in-depth background check will be performed. The results of this background check along with the individual's test score will be shared with the Distribution Center Manager. The background check must be performed prior the Distribution Center Manager assigning the employee to the controlled substance area.



# **Instructions**

1. Complete the information requested on the cover page.
2. Answer all 33 questions completely.
3. Complete the form entitled "Post-Employment Security Data Information Sheet", which is included at the end of this test booklet. This form is utilized for the background investigation portion of this testing process. If this form is not completed in full, your authorization to work with controlled substances will be delayed.
4. Seal the booklet with the circle provided.
5. Return the test booklet to your supervisor or manager to be forwarded to the Corporate Compliance Department to be scored.
6. The Corporate Compliance Department will notify the Distribution Center Manager, in writing, of the test score results and completion of the background investigation. This notification memo should be maintained at the distribution center for audit purposes.
7. If you have any questions involving this test or the Company's written policy and procedure in regards to the handling of controlled substances, notify the Compliance Department at (614) 757-7109.

1) There must be an authorized access list for both the cage and the vault?

True \_\_\_\_\_ False \_\_\_\_\_

2) DEA form 41 is used in the reporting of \_\_\_\_\_.

3) The DEA schedules Drug Wholesalers for inspection every:

- a) Year
- b) 2 years
- c) 3 years
- d) They have no set schedule

4) Which color copy of the 222 Order Forms must be sent to the DEA each month?

- a) blue
- b) green
- c) brown
- d) none of the above

5) You are allowed to ship controls and narcotics to a customer who has moved as long as he notifies you by phone of his new address.

True \_\_\_\_\_ False \_\_\_\_\_

6) The DEA Form 106 is used for reporting \_\_\_\_\_ of controlled substances.

7) The cage and vault must be inventoried at a minimum of :

- a) daily for items with movement
- b) weekly for items with movement
- c) monthly for all items
- d) a and c
- e) b and c

8) You may fill a narcotic blank that has no signature?

True \_\_\_\_\_ False \_\_\_\_\_

- 9) The proper schedules listed on the vast majority of Narcotic Order Forms consist of Schedules (fill in the blanks):

\_\_\_\_\_

- 10) An employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible official of the company?

True \_\_\_\_\_ False \_\_\_\_\_

- 11) A Narcotic Blank (DEA form 222) is good for \_\_\_\_\_ days from the date it was issued.

- 12) DEA fines are calculated at \$ \_\_\_\_\_ per violation.

- 13) It is not necessary to have someone double check your Narcotic Orders prior to them leaving the distribution center.

True \_\_\_\_\_ False \_\_\_\_\_

- 14) \_\_\_\_\_ is the name of the unit within the DEA that requires us to send a computer tape at the end of each month.

- 15) As a wholesale drug distributor governed by the Drug Enforcement Administration, Cardinal Health is required to report suspicious or excessive purchases of controlled substances.

True \_\_\_\_\_ False \_\_\_\_\_

- 16) Possession, use, sale or purchase of any illegal drug on the job is contrary to company policy and is grounds for immediate termination.

True \_\_\_\_\_ False \_\_\_\_\_

- 17) In order to accept a Schedule II return from a customer, the distribution center must first issue a narcotic blank to the customer.

True \_\_\_\_\_ False \_\_\_\_\_

18) What is a Contact sheet and when should it be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19) The day-gate doors to both the cage and the vault must be self-\_\_\_\_\_ and self-\_\_\_\_\_  
\_\_\_\_\_ according to Federal Regulations.

20) Controlled Substances may be left outside the approved controlled substances area overnight as long as they are left in a locked roll-around cage.

True \_\_\_\_\_ False \_\_\_\_\_

21) You may store other items inside the vault as long as you have written permission from the DEA.

True \_\_\_\_\_ False \_\_\_\_\_

22) The rule book used by the DEA to enforce regulations on the drug wholesale industry goes by the initials "C.F.R.". These initials stand for:  
\_\_\_\_\_

23) The "Selected Item Audit Report" lists:

- a) All receipts of a controlled substance
- b) All sales of a controlled substance
- c) All controlled substance adjustments
- d) All transactions of a controlled substance

24) It is Cardinal Health, Inc.'s policy to thoroughly discourage returns of scheduled narcotics.

True \_\_\_\_\_ False \_\_\_\_\_

25) How often should the report entitled "Ingredient Limits Report" or "Suspicious Order Analysis" be generated at your Distribution Center?

- a) Daily
- b) Once a week
- c) Once a month
- d) Quarterly

26) Vault and Cage Morgue merchandise is dead inventory and does not need to be counted.

True \_\_\_\_\_ False \_\_\_\_\_

27) The responsibility of verifying a customer license rests with:

- a) The DEA
- b) The Distribution Center
- c) Corporate Headquarters
- d) Regional Headquarters

28) You may sign a 222 narcotic order form if the customer gives you permission over the phone.

True \_\_\_\_\_ False \_\_\_\_\_

29) Cardinal Health, Inc. has a manual entitled DEA Compliance Manual which contains answers to frequently asked questions about controlled substance procedures.

True \_\_\_\_\_ False \_\_\_\_\_

30) List 5 things to look for when reviewing a 222 Narcotic Order Form:

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31) A customer calls your distribution center and asks you to fill an order involving one of his blanks but to send the controlled substances to another location. Is this a violation of the Code of Federal Regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

32) It is advisable that you use white-out or a pencil when working with DEA Form 222 (Narcotic Order Form) in case you make a mistake.

True \_\_\_\_\_ False \_\_\_\_\_

33) All visitors at your Distribution Center entering the cage or vault area must be escorted by an employee on the authorized access list?

True \_\_\_\_\_ False \_\_\_\_\_

**Thank you for completing this test on the handling of controlled substances. Please return this test to your supervisor. He/She will send the test the Cardinal Health, Inc. Corporate Compliance Department in Dublin, Ohio for grading. Your Distribution Center Manager will be notified of your score as soon as your test is graded.**

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# **DEA COMPLIANCE MANUAL**

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## **APPENDIX C**

### **DEA Field Offices**

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## DEA Regional Offices



### Atlanta Division

Richard B. Russell Federal Building  
75 Spring Street, S.W., Suite 740  
Atlanta, GA 30303  
(404) 331-4401  
Fax: (404) 331-7340  
*Area Covered: Georgia, North  
Carolina, South Carolina, Tennessee*

### **Charleston Resident Office**

5900 Core Avenue  
Suite 100  
North Charleston, SC 29406  
(803) 308-6660  
Fax: (803) 308-6670

### **Charlotte Resident Office**

Nine Woodlawn Green  
Suite 200  
Charlotte, NC 28217  
(704) 344-6188  
Fax: (704) 344-6795

### **Columbia Resident Office**

Strom Thurmond Federal Building  
1835 Assembly Street, Room 1472  
Columbia, SC 29201  
(803) 765-5251  
Fax: (803) 765-5410

### **Columbus Resident Office**

120 12th Street  
Room 316  
Columbus, GA 31902  
P.O. Box 1565  
Columbus, GA 31902  
(706) 649-7850  
Fax: (706) 649-7872

### **Greensboro Resident Office**

1801 Stanley Road  
Suite 201  
Greensboro, NC 27407  
(910) 547-4210  
Fax: (910) 547-4215

### **Knoxville Resident Office**

1721 Midpark Drive  
3rd Floor  
Knoxville, TN 37921  
(423) 584-9364  
Fax: (423) 584-8763

### **Memphis Resident Office**

Morgan Keegan Tower, Suite 500  
50 N. Front Street  
Memphis, TN 38103  
(423) 544-3396  
Fax: (423) 544-3025

### **Nashville Resident Office**

Estes Kefauver Building  
801 Broadway, Room 500  
Nashville, TN 37203  
(615) 736-5988  
Fax: (615) 736-2221

### **Savannah Resident Office**

Smith Kelly Building  
300 Drayton Street, Suite 401  
Savannah, GA 31401  
(912) 652-4286  
Fax: (912) 652-4050

### **Wilmington Resident Office**

Two Princess Street, Room 322  
Wilmington, NC 28401  
(910) 343-4513  
Fax: (910) 343-4463

### Chicago Division

John C. Kluczynski Federal  
Building  
230 S. Dearborn Street, Room 1200  
Chicago, IL 60604  
(312) 353-7875  
Fax: (312) 886-8439  
*Area Covered: Illinois, Indiana,  
Minnesota, North Dakota,  
Wisconsin*

### **Fargo Resident Office**

One N. Second Street  
Suite 302  
Fargo, ND 58102  
(701) 239-5331  
Fax: (701) 239-5248

### **Green Bay Post of Duty (Brown County/MJG Unit)**

PO Box 12734  
Green Bay, WI 54307-2734  
(414) 448-6241  
Fax: (414) 448-6376

### **Indianapolis Resident Office**

Minton-Capehart Federal Building  
575 N. Pennsylvania St., Room 290  
Indianapolis, IN 46204  
(317) 226-7977  
Fax: (317) 226-7703

### **Madison Post of Duty**

PO Box 92812  
Madison, WI 53701-0981  
(608) 264-5111  
Fax: (608) 264-5116

### **Merrillville Resident Office**

1571 E. 85th Avenue, Suite 200  
Merrillville, IN 46410  
(219) 681-7000

### **Milwaukee Resident Office**

1000 N. Water Street, Suite 1010  
Milwaukee, WI 53202  
(414) 297-3395  
Fax: (414) 297-1169

### **Minneapolis Resident Office**

Federal Building  
110 S. Fourth Street, Room 402  
Minneapolis, MN 55401  
(612) 348-1700  
Fax: (612) 348-1708

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## DEA Regional Offices



### Rockford Resident Office

420 W. State Street  
Rockford, IL 61101  
(815) 987-8034

### Springfield Resident Office

Illinois Business Center  
400 W. Monroe Street, Suite 302  
Springfield, IL 62704  
(217) 492-4504  
Fax: (217) 492-4507

### Dallas Division

1880 Regal Row  
Dallas, TX 75235  
(214) 640-0801  
Fax: (214) 649-0895  
*Area Covered: Oklahoma, Texas  
(Northern)*

### Fort Worth Resident Office

Fritz W. Lanham Federal Building  
819 Taylor Street, Room 13A33  
Fort Worth, TX 76102  
(817) 978-3455  
(817) 978-4128

### Lubbock Resident Office

5214 68th Street, Suite 401  
Lubbock, TX 79424  
(806) 798-7189  
Fax: (806) 794-3149

### Midland Resident Office

1004 N. Big String, Room 225  
Midland, TX 79701  
(915) 686-0356  
Fax: (915) 682-3016

### Oklahoma City District Office

3909 N. Classen Blvd., Suite 100  
Oklahoma City, OK 73118  
(405) 424-2213  
Fax: (405) 524-3448

### Tulsa Resident Office

5100 E. Skelly Drive, Suite 570  
Tulsa, OK 74135-6548  
(918) 581-6391  
Fax: (918) 581-6439

### Tyler Resident Office

909 ESE Loop 323, Suite 280  
Tyler, TX 75701  
(903) 534-0472

### Detroit Division

Rick Finley Federal Building  
431 Howard  
Detroit, MI 48226  
(313) 234-4000  
Fax: (313) 234-4141  
*Area Covered: Kentucky, Michigan,  
Ohio*

### Cincinnati Resident Office

Federal Office Building  
550 Main Street, Room 8504  
Cincinnati, OH 45202  
(513) 684-3671  
Fax: (513) 684-3672

### Cleveland Resident Office

Courthouse Square Development  
310 Lakeside Avenue, #395  
Cleveland, OH 44113  
(216) 522-3705  
Fax: (216) 522-3704

### Columbus Resident Office

78 E. Chestnut Street  
Columbus, OH 43215  
(614) 469-2595  
Fax: (614) 469-5788

### Grand Rapids Resident Office

65 Monroe Center, N.W.  
Grand Rapids, MI 49503  
(616) 456-2541  
Fax: (616) 456-2001

### Lexington Resident Office

1500 Leestown Road, Room 308  
Lexington, KY 40511  
(606) 233-2479  
Fax: (606) 233-2590

### Louisville Resident Office

New Federal Building, Room 1006  
600 Dr. Martin Luther King Place  
Louisville, KY 40202  
(502) 582-5908  
Fax: (502) 582-5535

### Saginaw Resident Office

301 E. Genessee, Fourth Floor  
Saginaw, MI 48607  
(517) 758-4133  
Fax: (517) 758-4013

### Toledo Resident Office

234 N. Summitt Street, Room 106  
Toledo, OH 43603  
(419) 259-6490  
Fax: (419) 259-3725

### Houston Division

333 W. Loop N.  
Suite 300  
Houston, TX 77024  
(713) 681-1771  
Fax: (713) 220-2378  
*Area Covered: Texas (Southern)*

### Alpine Resident Office

810 N. 2nd Street  
Alpine, TX 79830  
P.O. Box 1282  
Alpine, TX 79820  
(915) 837-3421  
Fax: (915) 837-2701

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## DEA Regional Offices



### Austin Resident Office

9009 Mountain Ridge Drive  
Austin, TX 78759  
(512) 346-2486  
Fax: (512) 346-0825

### Beaumont Resident Office

350 Magnolia, Suite 290  
Beaumont, TX 77701-1899  
(409) 839-2461  
Fax: (409) 839-2551

### Brownsville Resident Office

1100 FM 802, Suite 200  
Brownsville, TX 78521  
(210) 504-4100  
Fax: (210) 504-4118

### Corpus Christi Resident Office

Wilson Plaza, Suite 300  
606 N. Carancahua  
Corpus Christi, TX 78476  
P.O. Box 2443  
Corpus Christi, TX 78403  
(512) 888-0150  
Fax: (512) 888-0199

### Eagle Pass Resident Office

342 Rio Grande  
Room 102  
Eagle Pass, TX 78852  
(210) 773-5378  
Fax: (210) 773-3008

### El Paso District Office

700 E. San Antonio Street  
Suite D-701  
El Paso, TX 79901  
(915) 534-6400  
Fax: (915) 534-6034

### Galveston Resident Office

6000 Broadway, Suite 104  
Galveston, TX 77551  
(409) 766-3568  
Fax: (409) 766-3570

### Laredo Resident Office

4804 N. Bartlett, Building 1050  
Laredo, TX 78041  
P.O. Drawer 2307  
Laredo, TX 78044-2307  
(210) 722-5201  
Fax: (210) 726-2221

### McAllen District Office

1919 Austin Street  
McAllen, TX 78501-7030  
(210) 618-8400  
Fax: (210) 618-8478

### San Antonio District Office

10127 Morocco, Suite 200  
San Antonio, TX 78216  
(210) 525-2900  
Fax: (210) 525-2930

### Los Angeles Division

Roybal Federal Building  
255 E. Temple Street, 20th Floor  
Los Angeles, CA 90012  
(213) 894-2650  
Fax: (213) 894-4244  
*Area Covered: California (Southern),  
Hawaii, Nevada*

### Hawaii District Office

Honolulu, HI 96813  
P.O. Box 50163  
Honolulu, HI 96850  
(808) 541-1930  
Fax: (808) 541-3048

### Nevada District Office

Foley Federal Building & U.S.  
Courthouse  
300 Las Vegas Blvd. S., Suite 204  
Las Vegas, NV 89101-0023  
(702) 388-6635  
Fax: (702) 388-6894

### Orange County Resident Office

Federal Building  
34 Civic Center Plaza  
Santa Ana, CA 92712  
PO Box 12609  
Santa Ana, CA 92712  
(714) 836-2892  
Fax: (714) 836-2925

### Reno Resident Office

300 E. Second Street, Suite 1320  
Reno, NV 89501  
(702) 784-5617  
Fax: (702) 784-5679

### Riverside District Office

6377A Riverside Avenue, Suite 220  
Riverside, CA 92516-3162  
(909) 276-6642  
Fax: (909) 276-6269

### Ventura Resident Office

770 Padeo Camarillo, 3rd Floor  
Camarillo, CA 93010  
(805) 383-6454  
Fax: (805) 383-6464

### Miami Division

8400 N.W. 53rd Street  
Miami, FL 33166  
(305) 590-4870  
Fax: (305) 590-4500  
*Area Covered: Nassau, Bahamas,  
Florida*

### Fort Lauderdale District Office

1475 W. Cypress Creek Rd., Ste. 301  
Fort Lauderdale, FL 33309  
(305) 356-7700

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## DEA Regional Offices



### Fort Meyers Resident Office

12730 New Brittany Blvd., Suite 501  
Fort Myers, FL 33907  
(941) 275-3662  
Fax: (941) 275-8945

### Gainesville Resident Office

235 S. Main Street, Suite 202  
Gainesville, FL 32601  
(352) 371-2077  
Fax: (904) 375-4356

### Jacksonville Resident Office

4077 Woodcock Drive, Suite 210  
Jacksonville, FL 32207  
(904) 232-3566  
Fax: (904) 232-2501

### Key Largo Resident Office

95360 Overseas Highway, Suite 6  
Key Largo, FL 33037  
P.O. Box 2930  
Key Largo, FL 33037  
(305) 852-7874  
Fax: (305) 536-5485

### Orlando Resident Office

Heathrow Business Center  
300 International Pkwy., Suite 424  
Heathrow, FL 32746  
(407) 333-7000  
Fax: (407) 333-7012

### Panama City Resident Office

5323 W. Highway 98, Suite 215  
Panama City, FL 32401  
(904) 769-3407  
Fax: (904) 769-4118

### Tallahassee Resident Office

3384 Capitol Circle N.E.  
Tallahassee, FL 32308  
(904) 942-8417  
Fax: (904) 942-8420

### Tampa District Office

5426 Bay Center Drive  
Tampa, FL 33609  
(813) 228-1268  
Fax: (813) 228-1281

### West Palm Beach Resident Office

1818 S. Australian Ave., Suite 300  
West Palm Beach, FL 33409  
(561) 684-8000

### Midwest Division

United Missouri Bank Building  
7911 Forsyth Blvd., Room 500  
St. Louis, MO 63105  
(314) 425-3241  
Fax: (314) 425-3245  
*Area Covered: Illinois (Southern),  
Iowa, Kansas, Missouri, Nebraska,  
South Dakota*

### Cape Girardeau Resident Office

339 Broadway, Room 158  
Cape Girardeau, MO 63701  
(573) 334-1534  
Fax: (573) 335-4117

### Des Moines Resident Office

Federal Building  
210 Walnut Street, Room 937  
Des Moines, IA 50309  
(515) 284-4700  
Fax: (515) 284-4920

### Kansas City Resident Office

8600 Farley Street, Suite 200  
Overland Park, KS 66212  
(913) 236-3257  
Fax: (913) 236-3186

### Omaha Resident Office

Old Federal Building  
106 S. 15th Street, Room 1003  
Omaha, NE 68102  
(402) 221-4222  
Fax: (402) 221-4225

### Sioux Falls Resident Office

Shriver's Building  
230 S. Phillips Avenue, Suite 407  
Sioux Falls, SD 57102  
(605) 330-4421  
Fax: (605) 330-4420

### Springfield Resident Office

901 St. Louis Street, Suite 301  
Springfield, MO 65806  
(417) 831-3948  
Fax: (417) 831-0607

### Wichita Resident Office

1919 N. Amidon, Suite 330  
Wichita, KS 67203  
(316) 838-2500  
Fax: (316) 838-9123

### New England Division

50 Staniford Street, Suite 200  
Boston, MA 02114  
(617) 557-2100  
Fax: (617) 557-2135  
*Area Covered: Connecticut, Maine,  
Massachusetts, New Hampshire,  
Rhode Island, Vermont*

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## DEA Regional Offices



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### Bridgeport Resident Office

915 Lafayette Blvd., Room 200  
Bridgeport, CT 06604  
(203) 579-5591  
Fax: (203) 579-5530

### Burlington Resident Office

P.O. Box 446  
Williston, VT 05495  
(802) 951-6777  
Fax: (802) 951-6489

### Cape Cod Resident Office

P.O. Box 708  
Barnstable, MA 02630  
(508) 362-2117  
Fax: (508) 362-8303

### Concord Resident Office

197 Loudon Road, Suite 300  
Concord, NH 03301  
(603) 225-1574  
Fax: (603) 225-1543

### Hartford Resident Office

Ribicoff Federal Office Building  
450 Main Street, Room 628  
Hartford, CT 06103  
(203) 240-3233  
Fax: (203) 240-3703

### Logan Airport Task Force

One Harbor Side Drive, Suite 1095  
Boston, MA 02128  
(617) 561-5764  
Fax: (617) 561-5772

### Portland Resident Office

1355 Congress Street, Suite D  
Portland, ME 04102  
(207) 780-3331  
Fax: (207) 780-3413

### Providence Resident Office

Two International Way  
Warwick, RI 02886  
(401) 732-2550  
Fax: (401) 739-2576

### Springfield Resident Office

1441 Main Street, Suite 1000  
Springfield, MA 01103  
(413) 785-0284  
Fax: (413) 785-0483

### New Jersey Division

Peter Rodino Federal Building  
970 Broad Street, Room 806  
Newark, NJ 07102  
(201) 645-6060  
Fax: (201) 645-6297  
*Area Covered: New Jersey*

### Atlantic City Resident Office

Executive Plaza  
2111 New Road, Suite 203  
North Field, NJ 08225  
(609) 383-3322  
Fax: (609) 383-0884

### Camden Resident Office

1000 Crawford Place, Suite 200  
Mount Laurel, NJ 08054  
(609) 757-5407  
Fax: (609) 757-5006

### New Orleans Division

Three Lakeway Center  
3838 N. Causeway Blvd., Suite 1800  
Metairie, LA 70002  
(504) 840-1100  
Fax: (504) 840-1103  
*Area Covered: Alabama, Arkansas,  
Louisiana, Mississippi*

### Baton Rouge Resident Office

2237 S. Acadian Thruway, Suite 306  
Baton Rouge, LA 70808  
(504) 389-0254  
Fax: (504) 389-0772

### Birmingham Resident Office

234 Goodwin Crest, Suite 420W  
Birmingham, AL 35209  
(205) 290-7150  
Fax: (205) 290-7157

### Gulfport Resident Office

One Government Plaza, Suite 230  
Gulfport, MS 39502  
(601) 863-2992  
Fax: (601) 868-3112

### Jackson Resident Office

Dr. A. H. McCoy Federal Building  
100 W. Capitol Street, Suite 1213  
Jackson, MS 39269  
(601) 965-4400  
Fax: (601) 965-4401

### Little Rock Resident Office

10825 Financial Parkway, Suite 317  
Little Rock, AR 72211-3557  
(501) 324-5981  
Fax: (501) 324-6900

### Mobile Resident Office

900 Western American Cir., Ste. 501  
Mobile, AL 36609  
(334) 441-5831  
Fax: (334) 441-5289

### Montgomery District Office

2720-A Gunter Park Drive, West  
Montgomery, AL 36109  
(334) 260-1150  
Fax: (334) 223-4430

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P-14290 \_ 00178

## DEA Regional Offices



### **Shreveport Resident Office**

401 Edwards, Suite 510  
Shreveport, LA 71101  
(318) 676-4080  
Fax: (318) 676-4085

### **New York Division**

99 10th Avenue  
New York, NY 10011  
(212) 337-3900  
Fax: (212) 337-2799  
Area Covered: New York

### **Albany Resident Office**

Leo W. O'Brien Federal Building,  
Room 930  
Clinton Avenue & N. Pearl Street  
Albany, NY 12207  
(518) 431-4700  
Fax: (518) 472-4525

### **Buffalo Resident Office**

28 Church Street, Suite 300  
Buffalo, NY 14202  
(716) 551-4421  
Fax: (716) 551-5160

### **Long Island Resident Office**

175 Pinelawn Road, Suite 205  
Melville, NY 11747  
(516) 420-4500  
Fax: (516) 420-6944

### **Rochester Resident Office**

P.O. Box 14210  
Rochester, NY 14614  
(716) 263-3180  
Fax: (716) 263-5870

### **Syracuse Resident Office**

4600 W. Genesee Street  
Syracuse, NY 13219  
(315) 468-2772  
Fax: (315) 468-2985

### **Philadelphia Division**

William J. Green, Jr. Federal  
Building  
600 Arch Street, Room 10224  
Philadelphia, PA 19106  
(215) 597-9530  
Fax: (215) 597-6063  
Area Covered: Delaware,  
Pennsylvania

### **Allentown Resident Office**

504 W. Hamilton Street, Suite 2500  
Allentown, PA 18101  
(610) 770-0940  
Fax: (610) 435-6854

### **Harrisburg Resident Office**

228 Walnut Street, Room 579  
Harrisburg, PA 17101  
P.O. Box 887  
Harrisburg, PA 17108-0887  
(717) 782-2270  
Fax: (717) 782-4851

### **Pittsburgh Resident Office**

William S. Moorehead Federal Bldg.  
1000 Liberty Ave., Room 1328  
Pittsburgh, PA 15222  
(412) 644-3390  
Fax: (412) 644-4745

### **Scranton Post of Duty**

401 N. Adams Plaza, Suite 305  
Scranton, PA 18503  
(717) 782-2270  
Fax: (717) 341-9094

### **Wilmington Resident Office**

One Rodney Square  
920 King Street, Suite 404  
Wilmington, DE 19801  
(302) 573-6184  
Fax: (302) 573-6296

### **Phoenix Division**

3010 N. Second Street, Suite 301  
Phoenix, AZ 85012-3055  
(602) 664-5600  
Fax: (602) 664-5611  
Area Covered: Arizona

### **Nogales Resident Office**

1370 W. Fairway Drive  
Nogales, AZ 85621-3895  
(520) 281-1727  
Fax: (520) 281-1850

### **Sierra Vista Resident Office**

500 Fry Blvd., Suite L14  
Sierra Vista, AZ 85635-1840  
PO Box 2169  
Sierra Vista, AZ 85636-2169  
(520) 458-3691  
Fax: (520) 670-5025

### **Tucson District Office**

3285 E. Hemisphere Loop  
Tucson, AZ 85706-5014  
(520) 573-5500  
Fax: (520) 573-5632

### **Yuma Resident Office**

3150 Windsor Avenue, Suite 202  
Yuma, AZ 85365-4905  
(602) 344-9550  
Fax: (602) 344-1444

### **Rocky Mountain Division**

115 Inverness Drive, East  
Englewood, CO 80112  
(303) 705-7300  
Fax: (303) 705-7414  
Area Covered: Colorado, New Mexico,  
Utah, Wyoming

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## DEA Regional Offices



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### **Albuquerque District Office**

301 Martin Luther King Blvd., N.E.  
Albuquerque, NM 87102  
(505) 766-8925  
Fax: (505) 766-8960

### **Cheyenne Resident Office**

J. C. O'Mahoney Federal Building  
2120 Capitol Avenue, Room 7010  
Cheyenne, WY 82001  
(307) 772-2391  
Fax: (307) 772-2399

### **Colorado Springs Resident Office**

111 S. Tejon, Suite 306  
Colorado Springs, CO 80903  
P.O. Box 350  
Colorado Springs, CO 80901  
(719) 471-1749  
Fax: (719) 471-3647

### **Glenwood Springs Resident Office**

401 23rd Street, Suite 300  
Glenwood Springs, CO 81601  
(970) 945-0744  
Fax: (970) 945-8247

### **Las Cruces Resident Office**

Loretto Town Center  
505 N. Main Street, Suite 350  
Las Cruces, NM 88001  
(505) 527-6950  
Fax: (505) 527-6966

### **Salt Lake City Resident Office**

American Plaza III  
47 West 200 South, Suite 401  
Salt Lake City, UT 84101  
(801) 524-4156  
Fax: (801) 524-5364

### **San Diego Division**

4560 Viewridge Avenue  
San Diego, CA 91950  
(619) 585-4200  
Fax: (619) 585-4224  
*Area Covered: California (Border Area)*

### **Carlsbad Resident Office**

5973 Avenida Encinas, Suite 220  
Carlsbad, CA 92008  
(619) 931-2666  
Fax: (619) 931-5974

### **Imperial County Resident Office**

2425 LaBrucherie Road  
Imperial, CA 92251  
(619) 355-0857  
Fax: (619) 355-2946

### **San Ysidro Resident Office**

406 Virginia Avenue  
San Ysidro, CA 92173  
(619) 662-7115

### **San Francisco Division**

450 Golden Gate Avenue  
San Francisco, CA 94102  
P.O. Box 36035  
San Francisco, CA 94102  
(415) 436-7860  
Fax: (415) 436-7810  
*Area Covered: California (Northern)*

### **Fresno Resident Office**

1260 M Street, Room 200  
Fresno, CA 93720  
(209) 487-5402  
Fax: (209) 487-5287

### **Monterey Resident Office**

2560 Garden Road, Suite 207  
Monterey, CA 93940  
P.O. Box 3182  
Monterey, CA 93942-3182  
(408) 648-3050  
Fax: (408) 648-3056

### **Sacramento Resident Office**

1860 Howe Avenue, Suite 250  
Sacramento, CA 95825  
(916) 566-7160  
Fax: (916) 566-7177

### **San Jose Resident Office**

One N First Street, Suite 405  
San Jose, CA 95113  
(408) 291-7235  
Fax: (408) 291-7720

### **Seattle Division**

220 W. Mercer, Suite 104  
Seattle, WA 98119  
(206) 553-5443  
Fax: (206) 553-1576  
*Area Covered: Alaska, Idaho, Montana, Oregon, Washington*

### **Anchorage Resident Office**

555 Cordova Street, Suite 600  
Anchorage, AK 99501  
(907) 271-5033  
Fax: (907) 271-3097

### **Billings Resident Office**

303 N. Broadway, Suite 302  
Billings, MT 59101  
(406) 657-6020  
Fax: (406) 657-6047

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P-14290 \_ 00180

## DEA Regional Offices



### **Blaine Resident Office**

165 Second Street  
Blaine, WA 98230  
P.O. Box 1680  
Blaine, WA 98231  
(360) 332-8692  
Fax: (360) 332-5704

### **Washington, D.C. Division**

400 Sixth Street, S.W., Suite 2558  
Washington, DC 20024  
(202) 401-7834  
Fax: (202) 401-7061  
Area Covered: District of Columbia,  
Maryland, Virginia, West Virginia

### **Boise Resident Office**

607 N. Eighth Street, Fourth Floor  
Boise, ID 83702  
(208) 334-1620  
Fax: (208) 334-9253

### **Baltimore District Office**

200 St. Paul Place, Suite 2222  
Baltimore, MD 21202  
(410) 962-4800  
Fax: (410) 962-3470

### **Eugene Resident Office**

Federal Building  
211 E. Seventh Avenue, Room 230  
Eugene, OR 97401  
(541) 465-6861  
Fax: (541) 465-6796

### **Charleston Resident Office**

Union Square  
2 Monongalia, Suite 202  
Charleston, WV 25302  
(304) 347-5209  
Fax: (304) 347-5212

### **Medford Resident Office**

310 Sixth Street, Room B-3  
Medford, OR 97501  
(541) 454-4407  
Fax: (541) 776-4263

### **Norfolk Resident Office**

Federal Office Building  
200 Granby Street, Room 320  
Norfolk, VA 23510  
(804) 441-3152  
Fax: (804) 441-6639

### **Portland Resident Office**

Green Wyatt Federal Building  
1220 S.W. Third Avenue, Room 1525  
Portland, OR 97204  
(503) 326-3371  
Fax: (503) 326-2341

### **Richmond Resident Office**

8600 Staples Mill Road, Suite B  
Richmond, VA 23228  
(804) 771-2871  
Fax: (804) 771-8167

### **Spokane Resident Office**

1124 W. Riverside, Suite L300  
Spokane, WA 99201  
(509) 353-2964  
Fax: (509) 353-2963

### **Roanoke Resident Office**

210 Franklin Road, SW  
Roanoke, VA 24011  
(540) 857-2555

### **Yakima Resident Office**

402 E. Yakima Avenue  
Yakima, WA 97501  
PO Box 4025  
Yakima, WA 97501  
(509) 454-4407  
Fax: (509) 454-4413

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P-14290 \_ 00181





# **DEA COMPLIANCE MANUAL**

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## **APPENDIX D**

### **Forms and Exhibits**

**FORMS AND EXHIBITS**

<b>Name</b>	<b>Number</b>
Regulatory Agency Contact Form	1
Power of Attorney for DEA Order Forms	2
Notice of Revocation	3
DEA Narcotic Blank Log	4
DEA 222 Transmission Log	5
Order Form Rejection Notification	6
Narcotic Order Review Form	7
MCA Transaction Report	8
ARCOS Transaction Reporting	9
Report of Loss or Theft of Controlled Substances (DEA Form 106)	10
Registrant's Inventory of Drugs Surrendered (DEA Form 41)	11
Key Log	12
Key Receipt	13
Monthly Alarm Walk Test Report	14
Incident Report	15
Access and Surveillance List	16
Delivery Vehicle Security Rules	17
Will Call Log	18
Consent and Release	19
Employment Security Information	20
Visitor Log	21
Miscellaneous Security Log	22
DEA Inspection Report	23
DEA On-Site Background Information Package	24
Limited Power of Attorney	25
DEA and ARCOS Audit Recap Sheet	26
Inventory Report	A
Unauthorized Entry to Warehouse	B
Restricted Area	C
Rules and Regulations of DEA	D
Subject to Search	E
Suspicious Order Analysis Report	F
Violence Prevention Procedures	G
Table of Offenses and Penalties	H
Selected Item Audit Report	I
DEA Certificate of Registration	J
DEA Registration Speedigram	K
DEA Registration Verification Letter	L
Ingredient Limit Report	M
Quarterly DEA Exception Report	N
Schedule II Order Form	O
Dosage Limit Chart	P
Error Correction	Q
MCA Dosage Limit Report	R

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P-14290 \_ 00184

**FORM NAME:** REGULATORY AGENCY CONTACT FORM

**FORM NUMBER:** DEA # 1

**FUNCTION:** Used to document regulatory agency visits, inspections, and contacts. Provides Corporate Compliance Department with a means to monitor regulatory agency activity on a national level.

**DISTRIBUTION:** This two part form is to be completed as needed for any and all agency contacts. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.

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P-14290 \_ 00185



## REGULATORY AGENCY CONTACT FORM

1. \_\_\_\_\_  

Division Name
Date / Time
2. Contact was made with:
 

☐ D.E.A. Representative  
☐ FDA Representative

☐ State Board of Pharmacy Representative  
☐ Other \_\_\_\_\_  
(Please indicate agency)
3. Contact was made by:
 

☐ Telephone
 ☐ Visit at Division
 ☐ Visit at Agency
4. Contact initiated by:
 

☐ Division
 ☐ Agency
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE
 

(Name)
(Title)

---

(Address)
(Office working out of)

---

(City)
(State)
(Zip)
6. PURPOSE OF CONTACT (AUDIT, REQUESTING INFORMATION (include DEA's response), REPORTING SUSPICIOUS ORDERS, EXCESSIVE PURCHASES, ETC.)
 

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---
7. IF INFORMATION OR RECORDS WERE PROVIDED, COMPLETE THE FOLLOWING:
 

Information Sent: \_\_\_\_\_  
 Delivery Method: \_\_\_\_\_  
 Sent/Delivered By: \_\_\_\_\_
8. FOLLOW-UP REQUIRED? ☐ Yes ☐ No
9. NAME OF EMPLOYEE COMPLETING THIS FORM: \_\_\_\_\_

(Date)

(Signed)

WHITE - Division

YELLOW - Corporate Compliance

DHR 1301

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P-14290 \_ 00186

**FORM NAME:** POWER OF ATTORNEY FOR DEA ORDER FORMS

**\_ FORM NUMBER:** DEA #2

**FUNCTION:** Used to authorize specific employees to obtain and execute order forms (DEA Form 222).

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P-14290 \_ 00187

**POWER OF ATTORNEY FOR DEA ORDER FORMS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Division Name)  
(Address)  
(DEA Number)

I, \_\_\_\_\_ the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute and appoint \_\_\_\_\_ (name of attorney-in-fact), my true and lawful attorney for me in my name, place and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and Part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

\_\_\_\_\_  
(Signature of person granting power)

I, \_\_\_\_\_ (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

\_\_\_\_\_  
(Signature of attorney-in-fact)

Witnesses:

1. \_\_\_\_\_
2. \_\_\_\_\_

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,  
at \_\_\_\_\_.

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CAH\_MDL\_PRIORPROD\_DEA07\_01384082

P-14290 \_ 00188

**FORM NAME:** NOTICE OF REVOCATION

**FORM NUMBER:** DEA # 3

**FUNCTION:** Used to revoke power of attorney.

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P-14290 \_ 00189



### NOTICE OF REVOCATION

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act of the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the attorney-in-fact \_\_\_\_\_ this same day.

---

(Signature of person revoking power)

Witnesses:

1. \_\_\_\_\_
2. \_\_\_\_\_

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_,  
at \_\_\_\_\_.

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CAH SWE 019221

CAH\_MDL\_PRIORPROD\_DEA07\_01384084

P-14290 \_ 00190

**FORM NAME:** DEA NARCOTIC BLANK LOG

**FORM NUMBER:** DEA # 4

**FUNCTION:** Used to record the order form numbers from the blanks received from DEA. Further information is also logged as a blank is used.

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CAH SWE 019222

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P-14290 \_ 00191

[illegible]

P-14290\_00192

**FORM NAME:** DEA 222 TRANSMISSION LOG

**FORM NUMBER:** DEA # 5

**FUNCTION:** Used in conjunction with Faxing Narcotic Order Forms  
to verify faxed order form quantity and information.

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P-14290 \_ 00193



**FORM NAME:**

**ORDER FORM REJECTION NOTIFICATION**

**FORM NUMBER:**

**DEA # 6**

**FUNCTION:**

**Used to comply with DEA regulation which requires written notification to a customer when all or part of their order form (DEA Form 222) has been rejected.**

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**CAH SWE 019226**

**CAH\_MDL\_PRIORPROD\_DEA07\_01384089**

**P-14290 \_ 00195**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The Drug Enforcement Administration has established specific criteria for the acceptance of Federal Order Forms (DEA Form 222). In some cases, we are required to return the form to you and request a new or corrected form before shipping. In other cases, we can make minor changes and process the form for shipment.

Your Federal Order Form \_\_\_\_\_ was not complete and/or correct in all respects. We have handled this as follows:

☐ The omission and/or error indicated below is such that we are not permitted to process this form.

- ☐ Form is altered.
- ☐ Our name and/or address is not acceptable as shown.
- ☐ Sixty days have elapsed from date of execution.
- ☐ Item listed is not a Schedule II product.
- ☐ Item listed has been discontinued. It is still available in \_\_\_\_\_ NDC # \_\_\_\_\_.
- ☐ Package size is incorrect.
- ☐ Product description is incomplete.
- ☐ Number of packages or size is omitted.
- ☐ Lines completed less than actually ordered.
- ☐ Signature omitted.
- ☐ Line number \_\_\_\_\_ is voided.

☐ If your form is being returned.

- ☐ Reference our phone conversation.
- ☐ Please submit a new form.
- ☐ Please revise attached form and return.
- ☐ See example attached.

☐ Changes indicated below have been made (as permitted by DEA), and order has been shipped.

This notice is for informational purposes only. No action on your part is required.

- ☐ Our name and/or address has been completed as required.
- ☐ Number of line items stated in box provided was more than actually listed. We lined out the blank line(s).
- ☐ You sent all three copies to us. We are returning Copy 3 for your files.
- ☐ We corrected the NDC number on line item number \_\_\_\_\_.
- ☐ We modified the dosage form on line item number \_\_\_\_\_. You requested \_\_\_\_\_ but the product is only supplied as \_\_\_\_\_.
- ☐ Substitution of different size package has been made on line item \_\_\_\_\_.
- ☐ Total product supplied is equal to or less than original request.
- ☐ Line item number \_\_\_\_\_ was not correctable. We cancelled this line and processed rest of order. Please submit new form for this item.

**THANK YOU FOR YOUR COOPERATION.**

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CAH SWE 019227

CAH\_MDL\_PRIORPROD\_DEA07\_01384090

P-14290 \_ 00196

**FORM NAME:** NARCOTIC ORDER REVIEW FORM

**FORM NUMBER:** DEA # 7

**FUNCTION:** Used to document order form (DEA Form 222) violations  
when orders are not filled according to DEA regulations.

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CAH SWE 019228

CAH\_MDL\_PRIORPROD\_DEA07\_01384091

P-14290 \_ 00197



**CARDINAL HEALTH****NARCOTIC ORDER REVIEW FORM**

During a routine review of customer DEA Forms 222, order form number \_\_\_\_\_ (copy attached) was found to be filled in violation of DEA regulations.

---

**The omission and/or error is indicated below:**

_____ Order Form Not Written in Ink or Not Signed	_____ NDC #, Strength or Dosage Form Incorrect
_____ Customer/Registration Number: Unable to I.D. or Altered	_____ "Lines Completed" Box Not Filled In
_____ 60 Day Lapse from Date of Execution	_____ "Lines Completed" Box Altered
_____ Item: Unable to I.D. or Altered	_____ Lines Completed Less than Lines Actually Ordered
_____ Size, Number of Packages or Strength Altered, Incorrect or Omitted	_____ Our Name and Address or Date Omitted
_____ Strength Dittoed	_____ Item Discontinued or Not a Schedule II
	_____ Customer Voided a Line

---

**The resulting action should have been:**

Void entire order form	_____
Void single line	_____
Fill in omission	_____

Appropriate personnel have been reminded of the regulatory requirements regarding the filling of order forms that have not been properly prepared.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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CAH SWE 019229

CAH\_MDL\_PRIORPROD\_DEA07\_01384092

P-14290 \_ 00198

**FORM NAME:** MCA TRANSACTION REPORT

**FORM NUMBER:** DEA # 8

**FUNCTION:** Used to document any excessive purchase or unusual loss or activity of ephedrine, pseudoephedrine, and phenylpropanolamine products.

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**CAH SWE 019230**

CAH\_MDL\_PRIORPROD\_DEA07\_01384093

P-14290 \_ 00199



CARDINAL HEALTH

## MCA TRANSACTION REPORT

Excessive Purchase ☐ Loss or Theft ☐ DEA Request ☐

**Supplier:**

Name:

Business Address:

City:

State:

Zip Code:

Business Telephone:

**Purchaser:**

Name:

Business Address:

City:

State:

Zip Code:

Business Telephone:

Identification:

**Shipping Address (If different than purchaser address):**

Street:

City:

State:

Zip Code:

Date of Shipment:

Product Description:

Quantity and Form of Packaging:

**If Loss or Disappearance:**

Date of Loss:

Type of Loss:

Description of Circumstances:

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CAH SWE 019231

CAH\_MDL\_PRIORPROD\_DEA07\_01384094

P-14290 \_ 00200

**FORM NAME:**                    **ARCOS TRANSACTION REPORTING**

**\_ FORM NUMBER:**            **DEA # 9**

**FUNCTION:**                    **Used to submit correction or additional transactions to  
ARCOS**

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**CAH SWE 019232**

CAH\_MDL\_PRIORPROD\_DEA07\_01384095

P-14290 \_ 00201

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OMB Approval  
No. 1117-0001

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this burden estimate. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Project No. 1117-0001, Washington, D.C. 20503.

#### INSTRUCTIONS FOR CODING FORM

1. Characters should be printed neatly and conform as closely as possible to examples below.
2. All fields in the transaction (except the transaction code (Field 2) and the date code (Field 3)) are capable of being duplicated without coding the entire field to accomplish this. It is necessary that the first leading character in each field to be duplicated be the only character in equal (+) sign. The character is the only character which can be used for this purpose.

#### MAILING INSTRUCTIONS

Retain duplicate for your records.  
Mail the Original of completed form to:

Drug Enforcement Administration  
ARCO  
P.O. Box 22293  
Washington, D.C. 20038 - 8293

### ARCOS TRANSACTION REPORTING

DRUG ENFORCEMENT ADMINISTRATION

0123456789ABCDEFGHIJKLMNØPQ RSTUVWXYZ\* = KEM

REPORTING REGISTRATION NUMBER	NATIONAL DRUG CODE PRODUCT CODE	LABEL CODE	QUANTITY No. of Packages or Units	ASSOCIATE REGISTRATION NUMBER	DEA ORDER FORM NUMBER	LOT NUMBER (DEA USE ONLY)	STRENGTH	TRANSACTION DATE			TRANSACTION IDENTIFIER
								YR	MO	DAY	
1	1	1	1	1	1	1	1	1	1	1	1

Previous editions may be used.

DEA Form - 333  
(Rev. 1981)

**FORM NAME:** REPORT OF LOSS OR THEFT OF CONTROLLED  
SUBSTANCES (DEA FORM 106)

**FORM NUMBER:** DEA #10

**FUNCTION:** Used to document and report to DEA any loss or theft of  
controlled substances.

**DISTRIBUTION:** Original and one copy must be submitted to the local DEA  
office. One copy to the Corporate Compliance Department  
in Dublin. Copy(s) to state licensing agency as required.  
One copy to file. Must be submitted within seven (7) days of  
the incident

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CAH SWE 019234

CAH\_MDL\_PRIORPROD\_DEA07\_01384097

P-14290 \_ 00203

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION <b>REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES</b>		OMB APPROVAL No. 1117-0001
Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy in your records. Some states may also require a copy of this report.		<b>DEA MANUAL AUTHORITY:</b> Diversion Investigators 5124 FFS: 630-02
1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code)		2. PHONE NO. (Include Area Code)
ZIP CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
3. DEA REGISTRATION NUMBER  2 ltr. prefix      7 digit suffix <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>	4. DATE OF THEFT OR LOSS	
5. PRINCIPAL BUSINESS OF REGISTRANT (Check one)		
1 <input type="checkbox"/> Pharmacy      6 <input type="checkbox"/> Distributor 2 <input type="checkbox"/> Practitioner      6 <input type="checkbox"/> Methadone Program 3 <input type="checkbox"/> Manufacturer      7 <input type="checkbox"/> Other (specify) 4 <input type="checkbox"/> Hospital/Clinic		
6. COUNTY IN WHICH REGISTRANT IS LOCATED	7. WAS THEFT REPORTED TO POLICE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code)
9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS ?	10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate)	
	1 <input type="checkbox"/> Night break-in      3 <input type="checkbox"/> Employee pilferage      5 <input type="checkbox"/> Other (Explain) 2 <input type="checkbox"/> Armed robbery      4 <input type="checkbox"/> Customer theft      6 <input type="checkbox"/> Lost in transit (Complete Item 14)	
11. IF ARMED ROBBERY, WAS ANYONE:  KILLED ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ INJURED ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN ?  \$ _____
13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN ?  <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____		
IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:		
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number
D. Was the carton received by the customer ?  <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with ?  <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past ?  <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____
18. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS ?		
19. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA-222) WERE STOLEN, GIVE NUMBERS		
17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES ?		
PRIVACY ACT INFORMATION		
<p><b>AUTHORITY:</b> Section 301 of the Controlled Substances Act of 1970 (PL 91-513).</p> <p><b>PURPOSE:</b> Report theft or loss of Controlled Substances.</p> <p><b>ROUTINE USES:</b> The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:</p> <p style="margin-left: 40px;">A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p style="margin-left: 40px;">B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p><b>EFFECT:</b> Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.</p>		

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P-14290 \_ 00204





**FORM NAME:** REGISTRANT'S INVENTORY OF DRUGS  
SURRENDERED (DEA Form 41)

**FORM NUMBER:** DEA # 11

**FUNCTION:** Used to document and report to DEA the destruction and  
disposal of controlled substances.

**DISTRIBUTION:** Two copies must be submitted to the local DEA office. One  
copy to the Corporate Compliance Department in Dublin.  
One copy to file.

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CAH SWE 019237

CAH\_MDL\_PRIORPROD\_DEA07\_01384100

P-14290 \_ 00206

DMS Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION <b>REGISTRANTS INVENTORY OF DRUGS SURRENDERED</b>	PACKAGE No.
-------------------------------	--	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

NOTE: REGISTERED MAIL IS REQUIRED FOR SHIPMENTS OF DRUGS  
VIA US POSTAL SERVICE (see instructions on reverse of form)

NAME OF DRUG OR PREPARATION  Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Con- tainers	CONTENTS (Number of grams, tablets, ounces or other units per con- tainer)	Con- trolled Sub- stances Con- tent, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

DEA Form — 41  
(Jul. 1984)

Previous edition may be used.

• See instructions on reverse side.

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CAH SWE 019238

CAH\_MDL\_PRIORPROD\_DEA07\_01384101

P-14290 \_ 00207

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in \_\_\_\_\_ packages purporting to contain the drugs listed on this inventory and have been: \*\* (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE \_\_\_\_\_ 19 \_\_\_\_\_

DESTROYED BY: \_\_\_\_\_

\*\* Strike out lines not applicable.

WITNESSED BY: \_\_\_\_\_

## INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 5 pks., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or registered mail to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

## PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

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P-14290 \_ 00208

**FORM NAME:**

**KEY LOG**

**\_ FORM NUMBER:**

**DEA # 12**

**FUNCTION:**

**Used to list personel who have been issued keys.**

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**CAH\_MDL\_PRIORPROD\_DEA07\_01384103**

**P-14290 \_ 00209**

## Division

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date

P-14290 \_ 00210

**FORM NAME:** KEY RECEIPT

**FORM NUMBER:** DEA # 13

**FUNCTION:** Used to document the transfer of a key from the company to an employee.

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P-14290 \_ 00211

## Cardinal Health

### Key Receipt

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Key Number: \_\_\_\_\_

I understand that I am responsible for the proper use of the key and will take all reasonable precautions to prevent any misuse. I will immediately notify the Cardinal Health Corporate Security Department in the event of theft or any other loss of the key. I will not have any copies of the key made and will turn in the key to the Cardinal Health Corporate Security Department when my employment terminates for whatever reason.

Employee Signature: \_\_\_\_\_

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P-14290 \_ 00212

**FORM NAME:** MONTHLY ALARM WALK TEST REPORT

**FORM NUMBER:** DEA # 14

**FUNCTION:** Used to document proper functioning of alarm system and to maintain records of false alarms. Provides Corporate Compliance Department with information that can be used to evaluate alarm company service and divisional compliance with Company security policies.

**DISTRIBUTION:** This two-part form is to be completed at the end of each month. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.

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P-14290 \_ 00213





## MONTHLY ALARM WALK-TEST REPORT

DIVISION \_\_\_\_\_ FOR THE MONTH OF \_\_\_\_\_

ALARM COMPANY'S NAME \_\_\_\_\_

NUMBER OF FALSE ALARMS IN THE PAST MONTH \_\_\_\_\_

LAST FALSE ALARM \_\_\_\_\_

CAUSE OF FALSE ALARM \_\_\_\_\_

CORRECTIVE ACTION TAKEN \_\_\_\_\_

### INSTRUCTIONS

Please check the following alarm equipment and indicate that it is functioning properly by placing a mark in the space provided.

- \_\_\_\_\_ Alarm call-up list is up-to-date
- \_\_\_\_\_ Ambush/Duress code on control panel is functioning
- \_\_\_\_\_ Sensitivity of all motion detectors is set correctly
- \_\_\_\_\_ Boxes and shelves are NOT blocking motion detectors
- \_\_\_\_\_ Photoelectric beams have a clean line of sight
- \_\_\_\_\_ Door contacts and audible alarms are functioning properly
- \_\_\_\_\_ Vault alarm system is functioning properly (scheduled openings & closings)
- \_\_\_\_\_ All closed circuit television cameras are working properly
- \_\_\_\_\_ All closed circuit television camera monitors are working properly
- \_\_\_\_\_ All electronically controlled doors are functioning properly
- \_\_\_\_\_ All robbery buttons are functioning properly (battery back-ups on hand-held buttons are fresh)
- \_\_\_\_\_ All intercoms are working properly

\_\_\_\_\_  
Signature of employee completing form

\_\_\_\_\_  
Date

This form is to be completed at the end of each month. Copy must be sent to the Corporate Compliance Office by the 15th of the following month.

WHITE - Division

YELLOW - Corporate Compliance

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CAH SWE 019245

CAH\_MDL\_PRIORPROD\_DEA07\_01384108

P-14290 \_ 00214

**FORM NAME:** INCIDENT REPORT

**FORM NUMBER:** DEA # 15

**FUNCTION:** Used to document security-related incidents which occur and require a detailed explanation (i.e., theft, burglary, vandalism).

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P-14290 \_ 00215



**FORM NAME:** ACCESS AND SURVEILLANCE LIST

**FORM NUMBER:** DEA # 16

**FUNCTION:** Used to facilitate compliance with DEA regulation which requires written authorization for cage and vault access.

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P-14290 \_ 00217

P-14290 \_ 00218

**FORM NAME:** DELIVERY VEHICLE SECURITY RULES

**FORM NUMBER:** DEA # 17

**FUNCTION:** Used to document security measures required by delivery vehicle drivers.

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P-14290 \_ 00219

## **DELIVERY VEHICLE SECURITY**

The following rules are intended to promote safety and security for drivers and their delivery vehicles. They are to be complied with at all times.

1. Keep all merchandise in the rear of the truck. Leave nothing in the cab.
2. Secure the truck when making a delivery. Roll up all windows, lock all doors, and take the keys with you.
3. Do not stop for stranded motorists. This could be a setup for a hijack. If you feel it is necessary to call for assistance, do so at your next stop.
4. Make it a habit to check your rearview mirror to see if you are being followed. If you suspect that you are being followed, obtain a description of the vehicle, the license number and the occupants. Proceed to the local police station; if this is not possible, proceed to your next stop, and call the local police or the office.
5. If you break down, stay with your truck. Leave only to call for assistance.
6. Avoid areas where the threat of theft is high (such as back doors and alleys). If something appears suspicious, do not stop.
7. In the event of a robbery:
  - A. Offer no resistance.
  - B. Stay calm.
  - C. Be observant.

Driver Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**FORM NAME:** WILL CALL LOG

**FORM NUMBER:** DEA # 18

**FUNCTION:** Used to document the pickup of an order by a customer.

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P-14290 \_ 00221



### WILL CALL LOG

Customer Name \_\_\_\_\_  
Customer Number \_\_\_\_\_ Invoice Number \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Number of Boxes \_\_\_\_\_ Number of Bags \_\_\_\_\_  
Courier Service Name \_\_\_\_\_  
Drivers Name (Print) \_\_\_\_\_  
Drivers Signature \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ State \_\_\_\_\_  
Driver ID# (Cab Number, etc.) \_\_\_\_\_

### WILL CALL LOG

Customer Name \_\_\_\_\_  
Customer Number \_\_\_\_\_ Invoice Number \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Number of Boxes \_\_\_\_\_ Number of Bags \_\_\_\_\_  
Courier Service Name \_\_\_\_\_  
Drivers Name (Print) \_\_\_\_\_  
Drivers Signature \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ State \_\_\_\_\_  
Driver ID# (Cab Number, etc.) \_\_\_\_\_

**FORM NAME:** CONSENT AND RELEASE

**FORM NUMBER:** DEA #19

**FUNCTION:** Used during employment application process to obtain applicant's consent for background investigation and drug screening.

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**CAH SWE 019254**

CAH\_MDL\_PRIORPROD\_DEA07\_01384117

P-14290 \_ 00223



**CONSENT AND RELEASE:**

*PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST.*

**NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT PURPOSES.**

This form, which you should read carefully, has been provided to you because Cardinal Health ("Cardinal Health") will request consumer reports or investigate consumer reports in connection with your application for employment or during the course of your employment with Cardinal Health, if any. These background checks, and/or investigations, will be performed by Cardinal Health, in whole or in part, at Cardinal Health's discretion.

Cardinal Health's applicant background checks and employee investigations will also include the use of consumer reporting agencies to gather and report information to Cardinal Health in the form of consumer or investigative consumer reports, as regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. Cardinal Health is not a consumer-reporting agency.

The type of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to; credit reports, criminal records (for the maximum period permitted by applicable state and federal law), court records, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency, from public records, or through personal interviews with co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

If Cardinal Health requests an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive a notice if Cardinal Health or a person or entity other than a consumer-reporting agency performs the investigation.

Your consent is required by law before Cardinal Health may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment and thereafter, during the course of your employment, if any, at Cardinal Health's discretion. Your signature below indicates that you have read and understand that Cardinal Health may request and review a consumer report or investigative consumer report regarding your background, and that you consent to the release of reports to Cardinal Health for employment purposes. This information may also be considered for any future decisions concerning your employment, promotion, reassignment or retention as an employee of Cardinal Health. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing, as described below.

8.00

*Refusal to consent to a consumer report or an investigative consumer report as required by this notice, or any other attempt to interfere or failure to cooperate with Cardinal Health's lawful investigation, may result in rejection of your application, withdrawal of an offer of employment, or corrective discipline; up to and including termination of employment.*

**CONSENT STATEMENT:**

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to Cardinal Health in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with Cardinal Health, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me.

In the event that I wish to refuse or revoke my consent, I understand that I may do so by: 1. Signing the "Refusal or Revocation of Consent Statement" below, or 2. Sending a signed statement, indicating that I revoke my consent for Cardinal Health to obtain a consumer report or investigative consumer report, and submitting to:

Cardinal Health  
Human Resources  
7000 Cardinal Place  
Dublin, OH 43017

I certify that the information I have provided to Cardinal Health, on this consent and release form, is correct to the best of my knowledge and I understand that any falsifications, misrepresentations, and/or omissions may result in my disqualification for consideration of employment or, if subsequently employed, my dismissal.

\_\_\_\_\_  
Name of Applicant/Employee

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Today's Date

**REFUSAL OR REVOCATION OF CONSENT STATEMENT:**

*(DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT, OR WILL NO LONGER CONSENT, TO CARDINAL HEALTH OBTAINING A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT)*

I do not consent to Cardinal Health obtaining consumer reports or investigative consumer reports about me in connection with my application for employment or for any other employment purposes. If I have previously granted my consent, I hereby revoke that consent and understand that such revocation will take effect immediately after Cardinal Health receives this written revocation and has actual knowledge to communicate the revocation to those employees or agents who request consumer reports for Cardinal Health.

\_\_\_\_\_  
Name of Applicant/Employee

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Today's Date

8.00

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CAH SWE 019256

CAH\_MDL\_PRIORPROD\_DEA07\_01384119

P-14290 \_ 00225

**FORM NAME:** EMPLOYMENT SECURITY INFORMATION  
**FORM NUMBER:** DEA # 20  
**FUNCTION:** Used to conduct background investigations on new employees.

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**CAH SWE 019257**

CAH\_MDL\_PRIORPROD\_DEA07\_01384120

P-14290 \_ 00226



**Cardinal Health**

Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 Time at residence: \_\_\_\_\_ County of Residence: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Previous Name	(First)	(Middle)	(Last)
Previous Residence	(Street)	(City)	(State) (Zip)
Time at previous residence	County of previous residence		

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Eye Color \_\_\_\_\_ Color of Hair \_\_\_\_\_ Marital Status \_\_\_\_\_



Education Verification  
Institution/School

City	State	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a crime (felony or misdemeanor), or do you have any pending charges? \* Yes \_\_\_ No \_\_\_

If yes, identify the crime, the date of the conviction, the court where the conviction occurred, and the disposition of the case. Please provide any details you feel are relevant. \_\_\_\_\_

*Conviction of a crime will not automatically disqualify you from employment, but will be considered as a part of the overall evaluation of your qualifications for the position sought.*

Do not include convictions of which the record has been expunged or sealed in the following states: Alaska, California, Colorado, Connecticut, Florida, Illinois, Kansas, Kentucky, Maryland, Massachusetts, Mississippi, New Jersey, New York, North Carolina, Oklahoma, Oregon, Rhode Island, Utah, Virginia, Vermont, and West Virginia.

Do not include information about juvenile convictions in the following states: California, Connecticut, Florida, Georgia, Kansas, Maryland, New Jersey, Oklahoma, Oregon, and West Virginia.

In California, do not include information about misdemeanor convictions for which you successfully completed probation or which were otherwise discharged. Also, do not include information about convictions for possession of a substantial amount of marijuana if the conviction occurred more than 2 years before today's date.

In Massachusetts, do not include information about general misdemeanor convictions. You may respond "Not to the question" under any of the following circumstances: you were arrested but not convicted; you have only one conviction for the misdemeanor; conviction for a misdemeanor is simple assault, speeding, minor traffic violations, arrayal or disturbance of the peace; you have a misdemeanor conviction where the date of conviction or any resulting incarceration occurred 5 or more years prior to today's date; or you have a sealed criminal record that will be considered a probation violation.

**Waiver:** I hereby authorize Cardinal Health, its subsidiaries or affiliates, and the Drug Enforcement Administration to make a complete investigation of me, my former business relations and employment, and any business organization or any other person to give full information and records about me. I hereby release Cardinal Health its subsidiaries, affiliates, officers, employees, informants and the Drug Enforcement Administration from liability arising from this investigation. Discovery of false information on this sheet may lead to discharge of my employment with Cardinal Health or its subsidiaries or affiliates.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

8.00

**FORM NAME:**

**VISITOR LOG**

**FORM NUMBER:**

**DEA # 21**

**FUNCTION:**

**Used to document any visitor's entering the facility.**

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**CAH SWE 019260**

**CAH\_MDL\_PRIORPROD\_DEA07\_01384123**

**P-14290 \_ 00229**





**FORM NAME:** MISCELLANEOUS SECURITY LOG

**FORM NUMBER:** DEA # 22

**FUNCTION:** Used to document any minor security-related incidents that occur but do not need to be explained in detail (i.e., false alarms, open doors, alarm not set, etc.).

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P-14290 \_ 00231

**CARDINAL HEALTH**  
**MISCELLANEOUS SECURITY LOG**

[illegible]

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P-14290\_00232

**FORM NAME:** DEA INSPECTION REPORT

**FORM NUMBER:** DEA # 23

**FUNCTION:** Used to document an inspection made by the DEA.

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P-14290 \_ 00233

## DEA INSPECTION REPORT

This form is to be completed by the Division Manager or his designee and forwarded to the Corporate Compliance Department upon completion of a DEA inspection.

DIVISION: \_\_\_\_\_ DATE: \_\_\_\_\_

**A. General Information**

1. Initiation Date \_\_\_\_\_
2. Leader Compliance Investigator \_\_\_\_\_
3. DEA Office \_\_\_\_\_
4. Closing Date -- Exit Interview \_\_\_\_\_
5. Total On-Site Days \_\_\_\_\_
6. Total On-Site Person Hours \_\_\_\_\_

**B. Inventory Accountability Audit**

1. Number of items audited \_\_\_\_\_

*a) Description and class of items audited:*


2. Audit timeframe in months \_\_\_\_\_
3. Number of items in variance \_\_\_\_\_

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P-14290 \_ 00234

**C. Inspection Focal Points (Check all that apply)**

1. Background information
2. Biennial Inventory
3. Recordkeeping
4. DEA Form 222
5. Physical Security
6. Procedural Security
7. Shipping/Receiving Procedures
8. Registration Verification/Customers
9. ARCOS
10. Suspicious Order Monitoring
11. Destructions
12. Losses/Thefts
13. Pre-Employment Screening
14. Will Calls
15. Powers of Attorney
16. Other \_\_\_\_\_


**D. Comments**

Please document any significant comments, questions, criticisms made by the inspector during the inspection and exit interview and attach to this report.

**E. Resolution (to be completed by Corporate Compliance Department)**  
*Please attach all related documentation.*

1. DEA Follow-Up
2. DEA Letter of Admonition
3. DEA Citation
4. Memorandum of Understanding
5. Informal Hearing
6. Formal Hearing
7. Court Proceeding
8. Consent Order
9. Total Violations Acknowledged in M.O.U.
10. Fines Sought
11. Fines Paid
12. Resolution Date

Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	

\$	
\$	

 \_\_\_\_\_  
 Signature and Title of Person Completing Form

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Division Manager's Signature

 \_\_\_\_\_  
 Date

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P-14290 \_ 00235

**FORM NAME:** **DEA ON-SITE BACKGROUND INFORMATION PACKAGE**

**FORM NUMBER:** **DEA # 24**

**FUNCTION:** **Used to provide DEA Investigators with company background information during DEA audits.**

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P-14290 \_ 00236

**DEA ON-SITE BACKGROUND INFORMATION PACKAGE**

**SECTION I**

**FIRM'S BACKGROUND**

A. **Company Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:**

( ) \_\_\_\_\_

**Fax Number:**

( ) \_\_\_\_\_

B. **Type of Firm:**

\_\_\_\_\_

C. **Corporate Headquarters:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. **State of Incorporation:**

\_\_\_\_\_

E. **Subsidiaries:**

\_\_\_\_\_

F. **Corporate Officers: (See attached)**

G. **Principle Management Personnel:**

**(List all personnel and include the following information)**

**Name:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Length of Service:**

\_\_\_\_\_

H. **Type of Business:**

\_\_\_\_\_

I. **Distribution Area:**

\_\_\_\_\_

J. **Methods of Distribution (Delivery Companies):**

\_\_\_\_\_

\_\_\_\_\_



- K. **Hours of Operation:** \_\_\_\_\_
- L. **Number of Employees:** \_\_\_\_\_
- M. **How long at present location:** \_\_\_\_\_
- N. **Controlled substance sales as percentage of total sales:** \_\_\_\_\_

**SECTION II** **LICENSES AND REGISTRATIONS**  
(attach copies of DEA registration and State licenses).

- A. **DEA (See attached):**
- B. **State (See attached):**

**SECTION III**  
(Briefly describe when inventories are taken and where records are maintained).

- A. **Biennial Inventories:** \_\_\_\_\_  
\_\_\_\_\_
- B. **Periodic Inventories:** \_\_\_\_\_  
\_\_\_\_\_

**SECTION IV** **RECORDS / REPORTS**  
(briefly describe the types of records and where maintained)

- A. **Purchase Records:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. **Sales Records:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. **Return Records:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. **DEA Form 222 - (blue & brown):** \_\_\_\_\_

\_\_\_\_\_

E. **Power of Attorney:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. **DEA Form 106:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. **DEA Form 41:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. **ARCOS Records:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. **Suspicious/Excessive Customer Purchases:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J. **Customer DEA Registrations and Verifications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION V**

**PROCEDURES**

(Briefly describe how the following is accomplished with respect to controlled substances).

A. Receiving:

---

---

---

B. Order Filling:

---

---

---

C. Shipping:

---

---

---

D. Returns:

---

---

---

**SECTION VI**

**SECURITY**

A. Structure of Building:

---

---

---

B. Structure of Vault:

---

---

---

C. Structure of Cage:

---

---

---

D. Alarm Company:  
Address:

---

---

---

---

E. Type of Alarm Hardware:

---

F. Type of Circuit (McCulloh Loop, etc.):

---

G. Notification Procedures:

---

---

H. Who Responds:

I. Response Time:

Alarm Company:

Law Enforcement:

Distribution Center Personnel:

J. Persons with Alarm Keys/Passes:

(List all personnel and include the following information):

Name: \_\_\_\_\_

Title \_\_\_\_\_

Length of Service: \_\_\_\_\_

K. Persons with Access to Vault:

(List all personnel and include the following information)

Name: \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_

L. Persons with Access to Cage:

(List all personnel and include the following information)

Name: \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_

M. Employee Screening procedures (Describe hiring practices):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Cardinal Health, Inc.: DEA Registered Locations***

<b><i>Distribution Center</i></b>	<b><i>Address</i></b>	<b><i>DEA Number</i></b>
Whitmire Dist. Corp. DBA Cardinal Health	7301 Los Volcanes Rd. NW Albuquerque NM 87121	RW0234928
Whitmire Distribution Corp. DBA Cardinal	914 Marcon Blvd. Allentown PA 18103	RW0191938
Whitmire Distribution Corp. DBA Cardinal	801 C St. N.W., Suite B Auburn WA 98001	RW0191813
Whitmire Distribution Corp. DBA Cardinal	2353 Prospect Dr. Aurora IL 60504	RW0231908
Whitmire Distribution Corp. DBA Cardinal	4770 (U) Forest St. Denver CO 80216	RW0192017
Whitmire Distribution Corp. DBA Cardinal	13188 Lakefront Drive Earth City MO 63045	RW0192106
Marmac Distributors, Inc. DBA Cardinal Health	4 Craftsman Road East Windsor CT 06088	RM0125484
Whitmire Distribution Corpora DBA Cardinal	3238 Dwight Road Elk Grove CA 95758	RW0236009
Whitmire Distribution Corp. DBA Cardinal	4 Girbraud Ct. Greensboro NC 27407	RW0243903
Ohio Valley-Clarksburg, Inc. DBA Cardinal Health	6540 Port Road Groveport OH 43125	RR0248179
Whitmire Distribution Corp. DBA Cardinal	7052 Grand Blvd. Ste. 112 Houston TX 77054	RW0191407
Whitmire Distribution Corp. DBA Cardinal	2901 Enloe St. Hudson WI 54106	RW0243725
Whitmire Distribution Corp. DBA Cardinal	7601 NE Gardner Avenue Kansas City MO 64120	RW0191926
Chapman Southeast, Inc. DBA Cardinal Health	2512 West Cott Blvd Knoxville TN 37931	RC0238104

Wednesday, January 05, 2000

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P-14290 \_ 00242

<i>Distribution Center</i>	<i>Address</i>	<i>DEA Number</i>
Cardinal Southeast, Inc. DBA Cardinal Health	2045 Interstate Drive Lakeland FL 33805	RC0182080
CORD Logistics	1135 Hell Quaker Blvd. Ste. 100 LaVergne TN 37088	RC0229965
Cardinal Southeast, Inc. DBA Cardinal Health	1240 Gluckstadt Road Madison MS 39110	RC0221236
National Specialty Services, Inc.	556 Metroplex Dr. Nashville TN 37211	RN0184363
Whitmire Distribution Corp. DBA Cardinal	1351 Doubleday Ontario CA 91761	RW0192168
Daly, James W. Inc. DBA Cardinal Health	11 Centennial Drive Peabody MA 01960	RD0108200
Packaging Coordinators, Inc.	3001 Red Lion Road Philadelphia PA 19114	RP0225284
Whitmire Distribution Corp. DBA Cardinal	3821 East Broadway Phoenix AZ 85040	RW0224294
Whitmire Distribution Corp. DBA Cardinal	4422 South 38th Place Phoenix AZ 85040	RW0191940
Cardinal Southeast, Inc. DBA Cardinal Health	42 Ross Road Savannah GA 31405	RS0187612
Whitmire Distribution Corp. DBA Cardinal	955 West 3100 South South Salt Lake UT 84119	RW0191419
Cardinal Syracuse, Inc. DBA Cardinal Health	6012 Molloy Rd. Syracuse NY 13211	PC0003044
Whitmire Distribution Corp. DBA Cardinal	27680 Avenue Mentry Valencia CA 91355	RW0216449
Whitmire Distribution Corp. DBA Cardinal	7500 Mars Drive Waco TX 76712	RB0196522
Ohio Valley-Clarksburg, Inc. DBA Cardinal Health	71 Mil-Acres Dr. Wheeling WV 26003	RO0153609
National PharmPak Services, Inc.	3450 East Pike Zanesville OH 43701	RN0209583

Wednesday, January 05, 2000

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P-14290 \_ 00243

<i>Distribution Center</i>	<i>Address</i>	<i>DEA Number</i>
Williams Drug Dist., Inc.	1000 Linden Ave. Zanesville OH 43701	PT0186038
National PharmPak Services, Inc	850 Airport Distribution Drive Zanesville OH 43701	RN0244967
National PharmPak Services, Inc	1000 Linden Avenue Zanesville OH 43701	RN0231427

Wednesday, January 05, 2000

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CAH\_MDL\_PRIORPROD\_DEA07\_01384138

P-14290 \_ 00244

**FORM NAME:** LIMITED POWER OF ATTORNEY

**FORM NUMBER:** DEA # 25

**FUNCTION:** Used for a change of pharmacy ownership and continuing operation on a previous owner's DEA registration.

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P-14290 \_ 00245



LIMITED POWER OF ATTORNEY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name of Registrant)  
(Address of Registrant)  
(DEA Registration Number)

WHEREAS, \_\_\_\_\_ (hereinafter referred to as "Seller") and  
(hereinafter referred to as "Buyer"), have executed a Purchase Agreement dated  
and related documents, all with the intent of transferring a pharmacy \_\_\_\_\_ currently  
known as \_\_\_\_\_ (the "Pharmacy") and

WHEREAS, the transfer referred to in said Purchase Agreement is to take place,  
or has taken place, on or about \_\_\_\_\_ and

WHEREAS, the parties to the Purchase Agreement and this Power of Attorney desire that  
the business carried on at \_\_\_\_\_ shall continue without interruption  
while BUYER obtains a DEA registration and the various licenses necessary in the State of  
and until the transfers referred to in said Purchase Agreement take place; and

WHEREAS, such licenses are currently possessed by the Seller.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained in  
the Purchase Agreement and related documents, and in an effort to implement the same, I,  
\_\_\_\_\_, who is authorized to sign the current application for registration of the above-  
named registrant under the Controlled Substances Act or Controlled Substances Import and  
Export Act, have made, constituted, and appointed, and by these presents do make, constitute,  
and appoint \_\_\_\_\_, my true and lawful attorney for me in my name, place, and stead,  
to execute applications for books of official order forms and to sign such order forms in  
accordance with Section 309 of the Controlled Substances Act (21 U.S.C. 828) and Part 305 of  
Title 21 of the Code of Federal Regulations for \_\_\_\_\_ Pharmacy located at \_\_\_\_\_  
Such appointment shall authorize buyer to take all actions permitted by the undersigned pursuant  
to the aforesaid licenses, with respect to the management of the Pharmacy. I hereby ratify and  
confirm all that said Attorney-in-Fact shall lawfully do or cause to be done by virtue hereof,  
including the use of the DEA number of Seller until such time as a new DEA number and State  
pharmacy licenses are issued from the proper federal and state authorities.

IT IS FURTHER UNDERSTOOD that after the Closing Date in the Purchase Agreement, at such time as the undersigned no longer owns the assets of the pharmacy aforementioned, the operation of said pharmacy shall be solely in the control of Buyer and that nothing herein shall be construed so as to cause Buyer to be deemed the employee of the undersigned for any reason whatsoever, and that no action taken by Buyer shall give rise to any liability of the undersigned to any third party.

- -  
It is agreed by both parties that this appointment of Attorney-in-Fact shall terminate on the first to occur of Buyer obtaining all necessary licenses to operate the Pharmacy, or , 199 . (Power of Attorney cannot extend beyond 45 days of closing.)

By: \_\_\_\_\_

I, \_\_\_\_\_, accept the foregoing appointment, and I represent and warrant that I am a registered pharmacist, licensed to practice pharmacy in the State of \_\_\_\_\_, and I am the person named herein as Attorney-in-Fact and, that the signature affixed hereto is my signature.

By: \_\_\_\_\_

**FORM NAME:** DEA AND ARCOS DIVISION AUDIT RECAP

**FORM #:** DEA # 26

**FUNCTION:** Used to facilitate compliance with DEA record keeping and reporting requirements and assist the Corporate Compliance Department in monitoring divisional compliance and identifying potential problem areas.

**DISTRIBUTION:** This form is to be completed at the end of each month. One copy must be sent to the Corporate Compliance Department. One copy to your group office if applicable. One copy must remain on file at the division.

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P-14290 \_ 00248



## DEA &amp; ARCOS DIVISION AUDIT RECAP

te \_\_\_\_\_

Division \_\_\_\_\_

1.	DP Number	Product	Counts	QOH	Variance
			Actual		
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Discrepancies to counts and follow-up action taken: \_\_\_\_\_

2. Morgue - no controlled substances in morgue or in staging area for customer returns.  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
3. Receiving Area - No controlled substances left out or unattended in receiving.  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
- 4(a). Review of prior month's brown customer purchase copy of narcotic blanks.\*  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
- 4(b). Review of prior month's DEA green copy of form 222.  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
- Review of prior month's blue receiving copy of narcotic blanks for purchases  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
- Division Manager or designee has approved and initialed blanks for excessive customer purchases.  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
7. DEA form 106 submitted timely to DEA for variances, losses or thefts.  
Date variance occurred \_\_\_\_\_ Date loss/theft occurred \_\_\_\_\_  
Date form 106 was submitted \_\_\_\_\_ Date form 106 was submitted \_\_\_\_\_  
(attach copy of Form 106)
8. DEA Form 41 submitted for destruction and verification of ARCOS submission.  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
9. Excessive purchase report on file with copies of contact sheets sent to state and local DEA offices.  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
10. ARCOS and DEA Submission control form with return receipt copy, from prior month.  
COMPLIANCE Yes \_\_\_\_\_ No \_\_\_\_\_
- 11(a). Month-end physical cycle counts for vault and cage with no variances.  
VARIANCES Yes \_\_\_\_\_ No \_\_\_\_\_ If no, how many new variances this month? \_\_\_\_\_
- 11(b). Compliance to follow-up variance procedures.  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. ARCOS errors report researched and resubmitted.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Attach copies of blanks found not to be in compliance.

\_\_\_\_\_  
Division Manager's Signature

EXHIBIT A

Program : QINVE240J WHITHIRE DIST CORP- MILWAUKEE Run Date: 12/30/94  
 Report : QINVE246R CONTROLLED SUBSTANCES INVENTORY Run Time: 19:49  
 Whse No.: 3034 Page: 1

The following report contains a complete inventory of Controlled Substances stocked at this distribution center warehouse at the close of business 12-30-94, in compliance with the Code of Federal Regulations:

#1304.13 BIENNIAL INVENTORY, and

ARCOS ANNUAL INVENTORY

Dist Center Manager

Witness

Date

Date

60A*42--	088-749	242	XANAX 100	000009-0029-01 UPJOHN COM	TABS 0.25MG A
60A*51	258-350	118	APAP/COD 1000	#3 TABS 30/300 000093-0150-10 LEMMON CO.	A
60A*52	859-001	19	ALPRAZOLAM 500	TABS 1MG 000781-1328-05 GENEVA PHA	A
60B*21	097-403	39	HYGECIC 100	TABS 65/650 000008-0085-01 WYETH-AYER	A
60B*22	088-757	228	XANAX 100	TABS 0.5 MG 000009-0055-01 UPJOHN COM	A
60B*23	076-252	12	P.ORINAL	TABS	A

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P-14290 \_ 00250

EXHIBIT B

**- STOP -**  
**ANY UNAUTHORIZED PERSONNEL**  
**REQUESTING ENTRY INTO THE**  
**WAREHOUSE SHOULD BE**  
**INSTRUCTED TO RESPOND TO**  
**THE FRONT DOOR OF THE**  
**DISTRIBUTION CENTER**

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CAH SWE 019282

CAH\_MDL\_PRIORPROD\_DEA07\_01384145

P-14290 \_ 00251

# **RESTRICTED AREA AUTHORIZED PERSONNEL ONLY**

**UNAUTHORIZED PERSONNEL ENTERING THIS AREA WILL  
BE SUBJECT TO SEVERE DISCIPLINARY ACTION  
INCLUDING DISCHARGE**

**THIS ANNOUNCEMENT MADE NECESSARY BY INCREASED  
STATE AND FEDERAL RESTRICTIONS PERTAINING TO  
THE HANDLING AND CONTROL OF DANGEROUS DRUGS.**

**EXHIBIT C**

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CAH\_MDL\_PRIORPROD\_DEA07\_01384146

P-14290 \_ 00252

EXHIBIT D

**RULES AND REGULATIONS AS PUBLISHED BY  
THE DRUG ENFORCEMENT ADMINISTRATION  
EFFECTIVE APRIL 17, 1975**

**1301.91 Employee Responsibility to Report Drug Diversion**

Reports of drug diversion by fellow employees is not only a necessary part of an overall employee security program but also serves the public interest at large. It is, therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. The employer shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area. The employer shall inform all employees concerning this policy.

**1301.92 Illicit Activities by Employees**

It is the position of DEA that employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution for any illicit activity, but shall also immediately become the subject of independent action regarding their continued employment. The employer will assess the seriousness of the employee's violation, the position of responsibility held by the employee, past record of employment, etc., in determining whether to suspend, transfer, terminate or take other action against the employee.



EXHIBIT E

**ANYONE CARRYING  
PERSONAL PACKAGES,  
LUNCHBOXES, LUNCHBAGS,  
OR PERSONAL CLOTHING  
INTO THE WAREHOUSE WILL  
BE SUBJECT TO SEARCH ON  
LEAVING THE PREMISES**

**This announcement made necessary by increased State  
and Federal restrictions pertaining to the handling and  
control of dangerous drugs**

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CAH\_MDL\_PRIORPROD\_DEA07\_01384148

P-14290 \_ 00254

GRR900 12/29/95

CARDINAL HEALTH, INC.

PAGE 4

## SUSPICIOUS ORDER

## KINGSPORT

ITEM #	DESCRIPTION	SIZE	FM	PK	NOV 94	DEC 94	JAN 95	FEB 95	MAR 95	APR 95	PAST MTH	INCREASE
CUSTOMER#- 003830 KINSEY DRUG STORE												
DEA #- AK0408395 142 EAST CUMBERLAND												
* = BROKERAGE ITEM KINGSTON TN 37763												
126207	DEMEROL 50MG 30CC D150 WIN C2	10Z	SL	EA	0	0	0	0	0	1	50	900.00%
CUSTOMER#- 003876 KROGER PHARMACY #544												
DEA #- BK1248904 1489 MADISON STREET												
* = BROKERAGE ITEM CLARKSVILLE TN 37042												
126196	DEMEROL 50MG 100S D131 WIN C2	100	TB	EA	0	0	0	0	0	2	6	200.00%
220300	APAP W/OXYCOD 5MG RG	100	TB	EA	0	0	0	0	0	2	7	250.00%
CUSTOMER#- 003877 KROGER PHARMACY #886												
DEA #- BK1124560 11238 KINGSTON PIKE												
* = BROKERAGE ITEM KNOXVILLE TN 37922												
139354	METHYLPHENIDATE 5MG RG	100	TB	EA	0	0	0	0	0	4	10	150.00%
CUSTOMER#- 003888 KROGER PHARMACY #519												
DEA #- AK2238295 170 E MAIN STREET												
* = BROKERAGE ITEM HENDERSONVILLE TN 37075												
101458	RITALIN 10MG 100S 7416 CIBA C2	100	TB	EA	0	0	0	0	0	1	5	400.00%
CUSTOMER#- 003890 KROGER PHARMACY #513												
DEA #- AK2618063 5425 CLINTON HIGHWAY												
* = BROKERAGE ITEM KNOXVILLE TN 37912												
101457	RITALIN 5MG 100S 7410 CIBA C2	100	TB	EA	0	0	0	0	0	1	4	300.00%
133813	ROXICET 5MG ROX C2	100	TB	EA	0	0	0	0	0	1	6	500.00%
139356	METHYLPHENIDATE 10MG RG C2	100	TB	EA	0	0	0	0	0	4	9	125.00%
CUSTOMER#- 003895 KROGER PHARMACY #598												
DEA #- AT9477301 380 S ILLINOIS AVENUE												
* = BROKERAGE ITEM OAK RIDGE TN 37830												
125921	DEXEDRINE TAB 5MG 100S SKF C2	100	TB	EA	0	0	0	0	0	3	21	600.00%
139356	METHYLPHENIDATE 10MG RG C2	100	TB	EA	0	0	0	0	0	5	22	340.00%
CUSTOMER#- 003902 KROGER PHARMACY #875												
DEA #- BK0812734 801 MEMORIAL BLVD												
* = BROKERAGE ITEM SPRINGFIELD TN 37172												
220300	APAP W/OXYCOD 5MG RG C2	100	TB	EA	0	0	0	0	0	3	7	133.33%

Bill Mason - MIS Dublin

EXHIBIT F

**EXHIBIT G**

## VIOLENCE PREVENTION PROCEDURES IN CASE OF ROBBERY

### DO

**REMEMBER, THE SAFETY OF YOU AND YOUR EMPLOYEES IS THE NUMBER ONE CONCERN.**

**KEEP IT SHORT AND SMOOTH.** The longer the robbery takes, the more nervous the robber becomes.

- ☐ Handle the entire procedure as if you were making a sale to a customer.
- ☐ The average robbery takes less than two minutes.

**OBEY THE ROBBER'S ORDERS.** Robbers seldom hurt people who cooperate with them.

- ☐ Let the robber know that you intend to obey.
- ☐ If you are not sure of what the robber is telling you to do, ask.
- ☐ Keep calm and observe what the robber looks like and what he is wearing. Remember exactly what he says.
- ☐ Try to get the robber out of the building as soon as possible.

**TELL THE ROBBER ABOUT ANY POSSIBLE SURPRISES.**

- ☐ If you must reach for something or move in any way, tell the robber what to expect.
- ☐ If someone is in the cage or vault.
- ☐ If the alarm system must be turned off, tell the robber.

**CALL THE POLICE.** Do not hang up until they tell you to do so. Notify the Cardinal Health, Inc. Compliance Department as soon as possible.

- ☐ Keep their numbers near the phone.
- ☐ Stay on the phone until they tell you they understand and have all the information they need.
- ☐ Keep at least one line into the division open for incoming calls.
- ☐ Write down a description of the robber and what they said.
- ☐ Protect the crime scene. Discontinue business until the police are finished. Do not touch any evidence.

### DON'T

**DON'T ARGUE WITH THE ROBBER.**

- ☐ Give him all the cash and merchandise he wants.
- ☐ Remember, the robber has the upper hand – follow instructions.

**DON'T FIGHT WITH THE ROBBER.**

- ☐ The merchandise is not worth risking physical harm.
- ☐ Trying to overtake a robber is foolish, not heroic.

**DON'T USE WEAPONS.**

- ☐ Weapons breed violence.

**DON'T CHASE THE ROBBER.**

- ☐ You could be mistaken as the robber by the police.

**CHART II**  
**TABLE OF OFFENSES AND PENALTIES**  
**UNDER THE CONTROLLED SUBSTANCES ACT**

**EXHIBIT H**

	First Offense	Second Offense
<b>REGISTRANT OFFENSES (COMMERCIAL) COMMITTED KNOWINGLY</b>	Max: 1 yr., \$25,000	Max: 2 yrs., \$50,000
<b>OTHER COMMERCIAL VIOLATIONS</b>	Max: \$25,000 (civil fine)	Max: \$50,000 (civil fine)
<b>DISTRIBUTION OF I &amp; II SUBSTANCES NOT PURSUANT TO ORDER FORM, FALSE RECORDS, COMMUNICATIONS VIOLATION, ETC.</b>	Max: 4 yrs., \$30,000	Max: 8 yrs., \$60,000
<b>FELONY VIOLATOR AND ORGANIZER OR LEADER IN CONTINUING CRIMINAL ENTERPRISE (SUBSTANTIVE OFFENSE)</b>	Max: Life, \$100,000 Profits, Assets Min: 10 yrs.	Max: Life, \$200,000 Profits, Assets Min: 20 yrs.
<b>UNLAWFUL DISTRIBUTION, POSSESSION WITH INTENT TO DISTRIBUTE, MANU- FACTURE, ETC. (INCLUDES REGISTR- TRANTS) NARCOTICS IN SCHEDULES I &amp; II</b>	Max: 15 yrs., \$25,000	Max: 30 yrs., \$50,000 Special Parole: 6 yrs.
<b>NONNARCOTIC SCHEDULE I, II AND ALL III SUBSTANCES</b>	Max: 5 yrs., \$15,000	Max: 10 yrs., \$30,000
<b>SCHEDULE IV SUBSTANCES</b>	Max: 3 yrs., \$10,000	Max: 6 yrs., \$20,000
<b>SCHEDULE V SUBSTANCES</b>	Max: 1 yr., \$5,000	Max: 2 yrs., \$10,000
<b>UNLAWFUL IMPORTATION OR EXPOR- TATION</b>		
<b>NARCOTICS IN SCHEDULES I &amp; II</b>	Max: 15 yrs., \$25,000	Max: 30 yrs., \$50,000
<b>NONNARCOTIC SCHEDULE I &amp; II AND ALL III SUBSTANCES</b>	Max: 5 yrs., \$15,000	Max: 10 yrs., \$30,000
<b>SCHEDULE IV SUBSTANCES</b>	Max: 5 yrs., \$15,000	Max: 10 yrs., \$30,000
<b>DANGEROUS SPECIAL DRUG OFFENDER WHO (A) IS AN ADULT AND (B) IS CHARGED WITH FELONY, AND 1) HAS TWO CONVICTIONS AND HAS SERVED TIME IN PRISON, OR 2) DEALS REG- ULARLY FOR PROFIT OR 3) IS AN ORGANIZER OF CONSPIRACY. (SEN- TENCING PROVISION)</b>	Max: 25 yrs. Same fine otherwise prescribed	None
<b><u>SIMPLE POSSESSION OR DISTRIBUTION OF ANY CONTROLLED SUBSTANCE FOR NO</u></b>	Max:	Max:

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P-14290 \_ 00257

EXHIBIT I

PAGE 1

05 11/02/95 N S S I N C.  
S E L E C T E D I T E M A U D I T R E P O R T

'EM-035530 CHLORAL HVD 500MG SYR 100UD C4 100 EA EA VENDOR-11860 UDL LABORATORIES

DEA#- PO BOX 10319  
ROCKFORD, IL 611313019

REIVED FROM- 1/01/95 TO-11/02/95

P.O. #	QTY	ORD	REC	DATE	REC	DEA #	VENDOR (IF DIFFERENT FROM ABOVE)
1479400	1		1	7/12/95			JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1491400	1		1	7/20/95			JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1546800	1		1	8/07/95			JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1554600	2		2	8/09/95			CARDINAL SYRACUSE, 6012 MOLLOY ROAD, SYRACUSE, NY 13211

REDIT RETURNS

EMO #	RETRN	STOCK	VEND	CUST	CRD DATE	CUSTOMER	DEA #
20349	1	1			8/03/95	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
21019	1	1			8/10/95	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840

USTOMER SALES

VOICE	SHIP DATE	QTY	CUSTOMER	DEA #
46168	95/01/04	1	HIGH DESERT MEDICAL GROUP, 43845 N 10TH ST WEST, STE 2B, LANCASTER, CA 93534	BK2565022
67384	95/07/13	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
60331	95/06/30	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
74154	95/07/24	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
83528	95/08/08	1	JAMES WILLMOT CLINIC, 190 MEDICAL CENTER DRIVE, WOODRUFF, SC 293881	AJ7152197
81569	95/08/03	1	JAMES WILLMOT CLINIC, 100 MEDICAL CENTER DRIVE, WOODRUFF, SC 293881	AJ7152197
85953	95/08/10	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840

ADJUSTMENTS

QUANTITY-	DATE-	ADJUSTMENT CODE-	MINUS VERIFICATION	TEXT-EXPIRED MERCHANDISE
QUANTITY-	DATE-	ADJUSTMENT CODE-	CREDIT RETURNS AUTHORIZED SCRP	TEXT-CUSTOMER RETURN

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P-14290 \_ 00258

EXHIBIT J

**CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE**  
**UNITED STATES DEPARTMENT OF JUSTICE**  
**DRUG ENFORCEMENT ADMINISTRATION**  
**WASHINGTON, D.C. 20537**

Controlled Substances Act or rules made in part as follows:  
 304. (a) A registration pursuant to section 302 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Attorney General upon a finding that the registrant:

- (1) has materially falsified any application filed pursuant to or required by this title or title III;
- (2) has been convicted of a felony under this title or title III or any other law of the United States, or of any State, relating to any substance defined in this title as a controlled substance; or
- (3) has had his State license or registration suspended, revoked, or denied by competent State authority and is no longer authorized by State law to engage in the manufacturing, distribution, or dispensing of controlled substances.

DEA REGISTRATION  
NUMBERTHIS REGISTRATION  
EXPIRESFEE  
PAID

RW0191685

05-31-96

\$438.00

SCHEDULES

BUSINESS ACTIVITY

DATE ISSUED

2,3,3N,4,5

DISTRIBUTOR

04-20-95

WHITMIRE DISTRIBUTION CORP  
 DBA CARDINAL HEALTH  
 3530 PAN AMERICAN FWY NE  
 ALBUQUERQUE, NM

87107

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

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P-14290 \_ 00259

EXHIBIT K

FROM

BAILEY DRUG COMPANY, INC.  
1000 LINDEN AVE.  
ZANESVILLE, OH 43701

speedigram®

DEAR VALUED CUSTOMER,

ACCORDING TO OUR RECORDS, YOUR DEA REGISTRATION EXPIRES ON 8/31/95.  
IN ORDER TO CONTINUE TO PROCESS YOUR CONTROLLED SUBSTANCE  
ORDERS. PLEASE PROVIDE US WITH A COPY OF YOUR RENEWED DEA  
REGISTRATION.

AT THIS TIME, WE ARE ALSO REQUESTING A COPY OF YOUR CURRENT STATE  
LICENSE.

PLEASE SEND YOUR COPY TO THE ATTENTION OF LOREN TODD.

THANK YOU.

TO

20211  
THE CLEVELAND CLINIC PHCY #2  
CRILE BLDG-2ND FLOOR  
2049 E. 100TH ST.  
CLEVELAND, OH 44106

EXHIBIT L

December 1, 1995

DEAR VALUED CUSTOMER:

Our records indicate that your D.E.A. Registration Certificate expires as of  
\_\_\_\_\_.

Please provide us with a copy of your current Registration Certificate as soon as possible to avoid service interruption of Controlled Substance Items.

A self-addressed envelope is enclosed for your convenience.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Division Manager

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P-14290 \_ 00261



**CARDINAL HEALTH  
DEA REGISTRATION VERIFICATION FORM**

**Dear Customer:**

The Code of Federal Regulations (21 CFR 1301.74(a)) requires that we maintain your current DEA and State registration numbers in our files. Please allow our sales representative to transcribe the pertinent information.

**DEA CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Number: \_\_\_\_\_  
Two letter prefix      Seven letter suffix

Expiration Date: \_\_\_\_\_

(Circle permitted schedules      2    2N    3    3N    4    5)

**STATE REGISTRATION CERTIFICATE**

Registration (License) Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
(Cardinal Health Sales Representative)

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In Date 11/08/95 16:44:05

Inth : Oct 95  
Actr Used: 2.0Solomons Company  
Suspicious Order Monitoring  
Arcos Report  
For Hospitals/Managed Care

Page: 1

SOR130PF

Order Date	Order Number	Item Number	NDC Number	Item Description	Marc Code	Qty Sold	Item Grams	Total Grams
Customer: 1073 AMERICAN MEDICAL BILLING SERV 409A PLEASANT HOME RD AUGUSTA GA 30907 DEA BA4479019								
Ingredient: 9193 HYDROCODONE BITARTRATE								
10/30/95	2236093	103783	182-174505	HYDROCODN W/APA	3R	1	1.51125	1.51125
10/02/95	2216837	103783	182-174505	HYDROCODN W/APA	3R	1	1.51125	1.51125
10/11/95	2223938	116870	456-060101	BANCAP-HC 100S	3R	1	.30270	.30270
10/02/95	2216837	148976	59630-010004	PROTUSS LIQ 40Z	3R	1	.07161	.07161
10/13/95	2225790	155501	50474-092501	LORTAB 2.5MG 10	3R	1	.15135	.15135
10/11/95	2223938	149533	50474-090916	LORTAB ELIXIR P	3R	1	.14323	.14323
10/31/95	2237143	231178	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
10/17/95	2227771	231178	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
10/05/95	2219561	231178	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405

Customer Total: 5.05354  
Ingredient Limit: 4.86380

Ingredient: 9300 MORPHINE SULFATE.5H2O

10/23/95	2231056	114384	8-064901	MORPH SUL 2MG 1	2	2	.01504	.03008
10/19/95	2229180	127721	441-014825	MORPH SUL INJ 5	2	1	.11750	.11750
10/30/95	2235780	133809	54-378563	MORPHINE SUL 10	2	2	.75200	1.50400
10/09/95	2221139	133809	54-378563	MORPHINE SUL 10	2	2	.75200	1.50400
10/19/95	2229185	144647	441-234541	MORPH SUL INJ 1	2	5	.22540	1.12800
10/31/95	2236852	145056	34-052302	MSIR O/S COMC 2	2	2	1.80400	3.60960
10/16/95	2226768	181087	34-051410	MS CONTIN 15MG	2	1	1.12800	1.12800
10/02/95	2216465	181087	34-051410	MS CONTIN 15MG	2	1	1.12800	1.12800
10/31/95	2236852	234445	34-051810	MSIR 15MG 100S	2	1	1.12800	1.12800
10/31/95	2236852	234446	34-051910	MSIR 30MG 100S	2	1	2.25600	2.25600

Customer Total: 13.53318  
Ingredient Limit: 12.24846

Ingredient: 9801 FENTANYL CITRATE

10/16/95	2226768	104363	50458-003505	DURAGESIC 75MCG	2	1	.03750	.03750
10/05/95	2219349	104363	50458-003505	DURAGESIC 75MCG	2	2	.03750	.07500
10/16/95	2226768	104365	50458-003405	DURAGESIC 50MCG	2	3	.02500	.07500
10/05/95	2219349	104365	50458-003405	DURAGESIC 50MCG	2	2	.02500	.05000
10/02/95	2216465	104365	50458-003405	DURAGESIC 50MCG	2	3	.02500	.07500
10/30/95	2235780	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
10/16/95	2226768	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
10/02/95	2216465	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750

Customer Total: .42500  
Ingredient Limit: .27236

EXHIBIT M

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CARDINAL

AVANNAH

## CUSTOMER DEA EXCEPTION REPORT

PAGE NO. 2  
DATE 12/2/21

CUST #	CUSTOMER	ADDRESS	CITY / STATE	ZIP	DEA NUMBER	DEA EXP. DATE
02955-0	SOUTHSIDE PHARMACY	2711 OLD SAVANNAH ROAD	AUGUSTA GA	30906	AS1926952	02/28/97
18062-0	SCOTT'S PHARMACY	WAYNE & 15TH STREET	ALMA GA	31510	AS2009579	02/28/99
18074-0	SMITH'S DRUG STORE	P. O. BOX 388	WILLISTON SC	29853	AS2146303	02/28/97
02800-0	SAVERS DRUG STORE	2303 SKIDAWAY ROAD	SAVANNAH GA	31404	AS4879512	02/28/94
02710-0	ROGERS DRUG STORE	1429 NEWCASTLE ST.	BRUNSWICK GA	31520	AS5386087	02/28/99
11360-0	STRANGE DRUG CO	122 S JEFFERSON ST	DUBLIN GA	31021	AS8995295	02/28/97
18063-0	SCOTTIE DISCOUNT DRUG	9 S. FOREST AVE.	HARTWELL GA	30643	AS9319725	02/28/97
03795-0	ST. NICHOLAS PHARMACY	3105 BEACH BLVD.	JACKSONVILLE FL	32207	AS9486742	02/28/99
02595-0	PROFESSIONAL PHARMACY	103 PROFESSIONAL CTR	EASTMAN GA	31023	AT9068520	11/30/96
03028-0	THE PRESCRIPTION SHOP	413 MEMORIAL AVE.	ALLENDALE SC	29810	AT9435113	11/30/93
18297-0	WIL-BUN PHARMACY	3365 TAMERA LANE	ORANGEBURG SC	29115	AW0345252	05/31/94
03270-0	WRIGHT'S DRUG STORE	217 MAIN STREET	TIFTON GA	31794	AW1171343	05/31/97
18289-0	WILLIAMSBURG PRESC. C	101 SOUTH MAIN STREET	HEMINGWAY SC	29554	AW3096737	05/31/94
17020-0	AKINS PHARMACY	104-A SOUTHEAST BROAD	LYONS GA	30436	BA1599440	06/30/94
17094-0	BERKELEY PORT CITY	DRUG CO.	N. CHARLESTON SC	29406	BB1150907	07/31/93
17063-0	BAKER PARK PHARMACY	2750 SPEISSEGOER	N. CHARLESTON SC	29405	BB1649954	07/31/97
05360-0	T-2 MEDICAL, INC.	(BILL TO ONLY)	ALPHARETTA GA	30202	BC1795080	08/31/94
17255-0	CLARENDON DRUGS, INC.	1 N. BROOKS ST	MANNING SC	29102	BC1929415	08/31/95
01481-1	CAREMARK PHARMACY SER	1941 SAVAGE ROAD SUI	CHARLESTON SC	29407	BC2498435	08/31/96
01482-2	CAREMARK INC.	1200 WOODRUFF RD. UNI	GREENVILLE SC	29607	BC3517705	08/31/95
17666-0	COMP-RX-CARE INC.	116 WEST RICHARDSON A	SUMMERVILLE SC	29483	BC3880704	08/31/96
01480-0	CAREMARK PHARMACY SER	9143 PHILLIPS HIGHWAY	JACKSONVILLE FL	32256	BC4058473	08/31/97
01725-0	DANIEL'S PALMETTO PHA	6. PALMETTO AVE.	DENMARK SC	29042	BD3555387	06/30/96
01730-0	DOCTOR'S MED SUPPLY &	7634 A-2 SOUTH RAIL R	N. CHARLESTON SC	29406	BD3974121	06/30/97
01720-0	DARYL'S DISCOUNT DRUG	1205 GREENVILLE HIGHW	LYMAN SC	29365	BD3995959	06/30/97
10439-0	ECKERD'S #2710	1100 EISENHOWER DRIVE	SAVANNAH GA	31406	BE0201462	08/31/96
10422-0	ECKERD DRUG #2702	229 GENERAL SCREVEN D	HINESVILLE GA	31313	BE0277954	10/14/94
02090-0	HIGTT'S PHARMACY	373 WASHINGTON STREET	WALTERBORO SC	29488	BF3238436	09/30/95
17513-0	GATEWAY PHARMACY	401 NORTH AVE.	ATHENS GA	30601	BG3396947	09/30/95
17491-0	HAILEY'S DRUG STORE	P. O. BOX 219	HARTWELL GA	30643	BH0365266	10/31/96
10626-0	HARDEN'S PHARMACY	ASST IS CLOSED	DO NOT USE GA	31326	BH2234742	10/31/92
02048-8	HEALTH INFUSION INC.	9440-3 PHILLIPS HWY	JACKSONVILLE FL	32256	BH2733459	10/31/96
17563-0	ISLAND PHCY SERVICES	9-F HUNTER RD.	HILTON HEAD SC	29925	BI2513706	11/30/96
02130-0	INMAN DRUGS INC.	3 BLACKSTOCK ROAD	INMAN SC	29349	BI2900721	11/30/94
10402-0	INFUSION THERAPIES	1210 E DERENNE AVE	SAVANNAH GA	31406	BI3012781	11/30/94
17635-0	JOHNSONVILLE PHARMACY	P.O. BOX 989	JOHNSONVILLE SC	29555	BJ1231517	12/31/93
17633-0	JOHN BECK PHCY SERVIC	D/B/A HESS FAMILY DRU	OAKWOOD GA	30566	BJ2760076	12/31/93
03589-0	JACKSONVILLE FACULTY	CLINIC	JACKSONVILLE FL	32209	BJ2770065	12/31/96
17634-0	JOHN BECK PHARM. SERV	D/B/A FAMILY DRUGS	OAKWOOD GA	30566	BJ2867577	12/31/94
02226-0	WESTSIDE PHARMACY	3624 J. DEWEY GRAY CI	AUGUSTA GA	30909	BL0157758	03/31/94
10803-0	LIFELINE PHARMACY	4704 AUGUSTA ROAD	GARDEN CITY GA	31418	BL3872808	03/31/97
17791-0	MCKESKY TODD DRUG	554-D MEMORIAL DR EXT	GREER SC	29651	BM0497241	01/31/97
17743-0	MADDEN'S PRESC. SHOP	62 CHESTNUT STREET	ELBERTON GA	30635	BM2062646	/ /
11277-0	SCOTTIE DISCOUNT DRUG	265 KING ST	CHARLESTON SC	29401	BM2303282	01/31/96
02292-0	KIMBERLY QUALITY CARE	D/B/A COMPREHENSIVE	SAVANNAH GA	31406	BM2434330	01/31/93
02294-0	MAIN STREET PHARMACY	306 MAIN STREET	BLACKVILLE SC	29817	BM2441094	01/31/96
02416-0	MEDICAL PAVILION PHCY	25 HOSPITAL CTR. BLVD	HILTON HEAD SC	29926	BM3942249	01/31/97
02480-0	NAVCARE PHARMACY-MAYP	2444 MAYPORT RD. #11	JACKSONVILLE FL	32233	BN1575387	10/31/94
02565-0	PHAR - MOR #104	660 SPARTAN BLVD	SPARTANBURG SC	29301	BP1111599	03/31/96
02566-0	PHAR - MOR #210	2441 WHISKEY ROAD SOU	AIKEN SC	29801	BP2269389	03/31/96

EXHIBIT N

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EXHIBIT O

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04)		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier)			STREET ADDRESS			
JAMES W. DALY, INC.			11 CENTENNIAL DRIVE			
CITY and STATE		DATE	TO BE FILLED IN BY SUPPLIER			
PEABODY, MA 01961		11/06/92	SUPPLIERS DEA REGISTRATION No.			
TO BE FILLED IN BY PURCHASER						
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	1	100	PERCODAN XXXTABS			
2	1	500	PERCOCET NNNTABS 5/325			
3	1	118 ML	OPIUM TINCTURE LIQD			
4	1	100	CODEINE SULFATE XXXTABS 15MG			
5	1	500 ML	ROXICET ORAL SOLN 5MG			
6	1	100	MS CONTIN CR TABS 15MG			
7						
8						
9						
10						
6 NO. OF LINES COMPLETED		SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT				
Date Issued		DEA Registration No.	Name and Address of Registrant			
10-30-92		8W3397951	WALGREEN EASTERN CO INC, C2823			
Schedules			DBA: WALGREENS			
2,2N,3,3N,4,5			841 WESTERN AVE			
Registered as a		No. of this Order Form	LYNN, PA 01505			
RETL PHARMACY		522380221				
DEA Form -222 (Aug. 1990)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II			46408031	
		DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S Copy 1				

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**Excessive Purchases  
Schedule II**

EXHIBIT P

<b><u>Product</u></b>	<b><u>Strength</u></b>	<b>Dosage Limit</b>	
		<b><u>Hospital</u></b>	<b><u>Retail</u></b>
<b>Codeine Sulf</b>	All	800 Tabs	400 tabs
<b>Dextroamphetamine</b> (Dexedrine, Dextrastat)	All	700 Tabs/Spans	800 Tabs/Spans
<b>Desoxyn</b>	All	300 Tabs/Grad	500 Tabs/Grad
<b>Hydromorphone</b> (Dilaudid)	All	900 Tabs	500 Tabs
<b>Methadone</b> (Dolophine)	All	2000 Tabs	700 Tabs
<b>Meperidine</b> (Demerol, Meprozone, Mepergan Fortis)	All	600 Tabs	400 Tabs
<b>Methlyphenidate (Ritalin)</b>	All	800 Tabs	800 Tabs
<b>Morphine Sulfate (MS</b> Contin, MSIR, Oramorph)	All	600 Tabs	500 Tabs
<b>Oxycodone/Acet</b> (Tylox, Roxilox, Roxicet, Percocet, Endocet)	All	3800 Tabs/Caps	1200 Tabs/Caps
<b>Oxycodone/Asa</b> (Percodan, Endodan, Roxiprin)	All	500 Tabs	500 Tabs
<b>Oxycodone</b> (Oxcontin, Roxicodone)	All	800 Tabs	600 Tabs

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P-14290 \_ 00266

# Excessive Purchases Schedule III, IV, V

EXHIBIT P

<u>Product</u>	<u>Strength</u>	<u>Dosage Limit</u>	
		<u>Hospital</u>	<u>Retail</u>
<b>Acetamenophen w/Cod</b> (Tylenol w/Cod, Phenaphen)	All	1400 Tabs	1300 Tabs
<b>Alprazolam</b> (Xanax)	All	1400 Tabs	2500 Tabs
<b>Butalbital Compound</b> (Florinal w/Cod, Fioral, Fioricet w/ Cod)	All	500 Tabs/Caps	500 Tabs/Caps
<b>Aspirin w/Cod</b>	All	300 Tabs	400 Tabs
<b>Clorazepate</b> (Klonopin)	All	1000 Tabs	800 Tabs
<b>Clorazepate</b> (Tranxene)	All	700 Tabs	1300 Tabs
<b>Diazepam</b> (Valium)	All	1000 Tabs	2500 Tabs
<b>Dexfenfluramine</b> (Redux)	All	400 Caps	500 Caps
<b>Diphenoxylt/Atropine</b> (Lomotil, Lonox)	All	1600 Tabs	7500 Tabs
<b>Dronabinol</b> (Marinol)	All	300 Tabs	400 Tabs
<b>Fenfluramine HCL</b> (Pondimin)	All	800 Tabs	1700 Tabs
<b>Hydrocodone</b> (Anexsia, Dolaset, Hydrocet, Hycodan, Hyphen, Lorcet, Lortab, Zydane, Vicodin)	All	1200 Tabs/Caps	800 Tabs/Caps
<b>Lorazepam</b> (Ativan)	All	1200 Tabs	2400 Tabs
<b>Meprobamate</b> (Miltown, Equanil)	All	600 Tabs	1400 Tabs
<b>Phentermine</b> (Ionamin, Fastin, Adipex-P)	All	600 Tabs	1100 Tabs
<b>Pentazoline</b> (Talwin, Talacen)	All	700 Tabs	700 Tabs
<b>Propoxyphene</b> (Darvon, Darvocet, Propacet)	All	1100 Tabs	1900 Tabs
<b>Temazepam</b> (Restoril)	All	700 Caps	800 Tabs

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## Exhibit Q

### Error Correction

In the following examples, assume the worst case — the order was shipped to the customer. Also assume the shelf count confirms the error.

Although these examples only address shipping errors involving Schedule II controlled substances, certain portions of the corrective action processes also apply to shipping errors involving Schedule III-V controlled substances which must be handled in a similar fashion.

**Example 1:** A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 10mg 100. The order filler picks Ritalin 10mg 100. **Customer receives and is invoiced for the wrong item.**

**Corrective Action:**

- Request the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date, change the blank number in the ARCOS record. The blank number cannot be changed on the invoice.
- Key in the original blank with the correct item (Ritalin 5mg 100). Pick, bill, and ship the product. Attach a legible statement, preferably typed, to the original blank which reflects the correct NDC, ship quantity and date. Create an invoice and ARCOS record for the correct item.
- If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to customer.

**Example 2:** A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 5mg 100. The order filler picks Ritalin 10mg 100. **Customer gets wrong item, but is invoiced for the right item.**

**Corrective Action:**

- Have the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date. Key in an order for the mispicked item (Ritalin 10mg 100), but do not ship the product. The customer will receive an invoice, but no product.
- Ship the correct product (Ritalin 5mg 100) from the original blank. The customer will get product, but no invoice.
- Change the ship dates of the products in the ARCOS records. The original invoice cannot be changed to reflect the actual ship date.

ERRORS.doc

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- If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to the customer.

**Example 3:** A customer orders 5xRitalin 5mg 100. The order is keyed as 10xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. **Customer was billed for and received more than what he ordered.**

**Corrective Action:**

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record actual ship date of product.
- Correct the ARCOS record to show correct ship quantity for original blank. The blank number and ship quantity cannot be changed on the invoice. Create another ARCOS record to show ship quantity, date, and blank number of overshipment.
- Correct the ship quantity on the original blank by drawing a line through the incorrect quantity and entering the correct quantity.
- If the customer wants to return the extra product, issue a blank to the customer. Upon receipt of the overshipment, issue credit to the customer.

**Example 4:** A customer orders 5xRitalin 5mg 100. The order is keyed as 5xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. **Customer received more than what he ordered or was billed.**

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date of the product.
- Key in an order for the overshipment, but do not ship product. Reference the actual ship date in the text field of the order.
- Modify the ARCOS record to show the correct ship date of the product.

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RUN DATE: 7/14/99 7:54:53

CARDINAL - SYRACUSE

PAGE: 1

MCA Dosage Limit Report (DETAIL)

MONTH : JUN 1999

FOR HOSPITAL/MANAGED CARE

MCAJ007P1

Invoice	Invoice Item	NDC	Item	Form	Qty	Item	Total
Date	Number	Number	Number	Description	Sold	Dosage	Dosage
Customer: 349902 WILKES-BARRE GEN HOSP RT140- N. RIVER & AUBURN ST. WILKES BARRE PA 18764-0000 DEA Lic: AW2452655							
INGREDIENT: 002 PSEUDOPHEDRINE							
6/02/1999	8366378	1098649	45040542	TYLENOL SINUS MAX STRN 24	8	24	192
6/05/1999	8377413	1098649	45040542	TYLENOL SINUS MAX STRN 24	48	24	1,152
6/10/1999	8389560	1098649	45040542	TYLENOL SINUS MAX STRN 24	60	24	1,440
6/19/1999	8416539	1286640	54474325	PSEUDOPHED HCL 30MG 100	100	100	10,000
6/16/1999	8405162	1321785	536302135	ALLERPRIM 24 OTC BLST	12	24	288
6/19/1999	8416539	1321785	536302135	ALLERPRIM 24 OTC BLST	12	24	288
CUSTOMER TOTAL:							13,360
INGREDIENT LIMIT:							10,174

Customer: 620188 GEO MOTHAN DETENTION CTR 15-15 HAZEN STREET EAST ELMHURST NY 11370-0000 DEA Lic: AM6222525

INGREDIENT: 003 PHENYLPROPANOLMINE

6/03/1999	8369699	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/03/1999	8369701	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	4	100	400
6/04/1999	8373353	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/07/1999	8377935	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	5	100	500
6/07/1999	8377942	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/07/1999	8377946	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	2	100	200
6/07/1999	8378427	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/10/1999	8389164	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/10/1999	8389165	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	6	100	600
6/11/1999	8392866	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/14/1999	8397468	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	8	100	800
6/14/1999	8397471	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	5	100	500
6/17/1999	8409076	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/18/1999	8412502	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/18/1999	8412503	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/18/1999	8412504	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	4	100	400
6/21/1999	8417127	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	5	100	500
6/21/1999	8417137	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	1	100	100
6/21/1999	8417142	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	4	100	400
6/24/1999	8429811	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	5	100	500
6/24/1999	8429813	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	4	100	400
6/25/1999	8433446	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	10	100	1,000
6/25/1999	8433447	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	5	100	500
6/28/1999	8437992	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	1	100	100
6/28/1999	8437996	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	5	100	500
6/28/1999	8437998	1361005	31227764	DIMETAPP EXT 100 UD 2277-64	4	100	400
CUSTOMER TOTAL:							16,500
INGREDIENT LIMIT:							4,121

\*\*\* END OF REPORT \*\*\*

Exhibit R

CAH\_MDL\_PRIORPROD\_DEA07\_01384164

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Exhibit R

United States Department of Justice  
Drug Enforcement Administration  
Office of Diversion Control  
Suspicious Orders Task Force



## EXHIBIT II

### SUSPICIOUS ORDER REPORTING SYSTEM OF 1998 For Use in automated tracking systems

#### The Current Calculation Being Used for List I Chemicals and Schedule II - V Controlled Substances

#### Terms & Definitions

This formula is used to calculate the quantity which, if exceeded in one month, constitutes an order which may be considered excessive or suspicious.

- 1) Add purchase quantities for the last 12 months for all customers within same Distribution Center and for customer type (Hospital, Pharmacy or Other) for any List I chemical containing item stocked by the Distribution Center.
- 2) Add Customer months for every record used in above total. (Months within the last 12 that customer purchases of the item were not zero).
- 3) Divide total quantity purchased by the total customer months.
- 4) Then multiply by the factor below to give the maximum amount that the customer can order per month before showing up on the suspicious order report.  
  
Note: Factor equals 3 for C-II and C-III Controlled Substances Containing List I Chemicals and 8 for C-III N-V Controlled Substances and non-Controlled OTC products containing List I chemical items.
- 5) At the end of each month, a report will be transmitted to DEA (separate reports for List I Chemicals and Schedule II - V Controlled Substances) of all purchases of List I Chemicals and/or C-II-V Controlled Substances and List I containing OTC items by any customer whose purchase quantities exceed the parameters (above) any (2) consecutive months or in three (3) of any moving six (6) month period.

Using a computer to manage and report on high volume transaction business activities with extremely short order cycles times (receipt to delivery) is the only viable, cost effective methodology for the reporting of orders which may be considered excessive or suspicious.

SOTF Report Appendix A: 4

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P-14290 \_ 00272

# **DEA COMPLIANCE MANUAL**

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## **APPENDIX E**

### **Methamphetamine Control Act Products**

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ndc	ndc	descrip	form	misc1	vendor	DP number	ch	descrip	type	code
00024-1006-10	24100610	I BRONKOTABS	TAB		SANOFI PHARMACEUTICALS	95486	1285618	BRONKOTABS 100 1197 SNF	6 EPH	E
00024-4081-02	24408102	BRONKAID	TAB		BAYER CONSUMER	94579	1335611	BRONKAID TAB 24S #0090	6 EPH	E
00024-4081-06	24408106	BRONKAID	TAB		BAYER CONSUMER	150991	1190206	BRONKAID TAB 60S #0092 BREON	6 EPH	E
00536-4648-01	536464801	I THEODRINE	TAB		RUGBY	501549	1213131	THEODRINE TB 100 RUG	6 EPH	E
00536-4648-10	536464810	I THEODRINE	TAB		RUGBY	501557	1213214	THEODRINE TAB 1M 6480 RG	6 EPH	E
00573-2932-10	573293210	I PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	362913	1156868	PRIMATENE TAB 24S 2932-10	6 EPH	E
00573-2932-20	573293220	I PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	362948	1156876	PRIMATENE TAB 60S 2932-20	6 EPH	E
00573-2942-10	573294210	PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	857050	1699982	PRIMATENE DUAL TB 24S 294210	6 EPH	E
00573-2942-20	573294220	PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	857068	1699974	PRIMATENE DUAL TB 60S 294220	6 EPH	E
00573-2952-05	573295205	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241970	2423077	PRIMATENE TB 12 NEW FORMULA	6 EPH	E
00573-2952-10	573295210	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241962	2423085	PRIMATENE TB 24 NEW FORMULA	6 EPH	E
00573-2952-20	573295220	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241628	2423069	PRIMATENE TB 60 NEW FORMULA	6 EPH	E
00677-0066-01	677006601	I EPHEDRINE SU	CAP	25MG	URL	552429	1310424	EPHEDRINE SULF CAP3/8GR100 URL	6 EPH	E
00143-3145-01	143314501	EPHEDRINE SU	CAP	25MG	WEST-WARD	343056	2186328	EPHEDRINE SULF CP 25MG 100 WWW	7 EPH	E
00074-6883-04	74688304	I QUELIDRINE	SYP		ABBOTT	153052	1039874	QUELIDRINE SR 40Z 6883-04 ABL	8 EPH	E
00143-3145-10	143314510	EPHEDRINE SU	CAP	25MG	WEST-WARD	417785	2186338	EPHEDRIN SULF CP 25MG 1M WW	8 EPH	E
00182-0097-10	182097110	I EPHEDRINE SU	CAP	25MG	GOLDLINE	128007	1605054	EPHEDRINE SULF 3/8GR CAP 1M GL	8 EPH	E
00223-0620-01	223062001	EPHEDRINE SU	CAP	25MG	CONSOLIDATED MIDLAND CORP	724831	1605427	EPHEDRINE CAP 25MG 100S	8 EPH	E
00472-1552-16	472155216	I THEOMAX DF	SYP		BARRE-NATIONAL	483850	1515438	THEOMAX DF SYP PT NAT	8 EPH	E
00677-0066-10	677006610	I EPHEDRINE SU	CAP	25MG	URL	552445	1347137	EPHEDRINE SULF CAP 3/8GR M URL	8 EPH	E
50732-0876-16	50732087616	I THEOLIXIR	ELX		ZENITH GOLDLINE SHREVEPORT INC	828920	2157931	THEOLIXIR 16OZ HNN	8 EPH	E
00024-1004-16	24100416	I BRONKOLIXIR	ELX		SANOFI PHARMACEUTICALS	95494	1128172	BRONKOLIXIR PT 1200 SNF	11 EPH	E
00182-1002-01	182100201	I TEDRIGEN	TAB		GOLDLINE	130966	1697762	TEDRIGEN TAB 100S GL	49 EPH	E
00074-4745-01	74474501	SAD BLOCK-26	KIT	26GX3.5	* ABBOTT HOSP	904198	1570241	SADBLOCK ANESTH/INTROD TR 10	56 EPH	E
00074-4773-01	74477301	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	524514	2252674	SPINAL ANESTH TR 22G T-E+E 2.5ND	56 EPH	E
37205-0563-59	37205056359	INHALER	INH	DECONG	S LEADER BRAND PRODUCTS	965367	2283117	LDR INHALER DECONGESTANT .007OZ	70 EPH	E
00182-1002-10	182100210	I TEDRIGEN	TAB		GOLDLINE	319678	1697770	TEDRIGEN TAB 1M GL	80 EPH	E
00677-0148-01	677014801	I THEOPHENYLLI	TAB	#1	URL	552291	1311240	THEOPHENYLL #1 TB 100 URL	80 EPH	E
50930-0281-01	50930028101	I PRETZ-D	SPR	0.25%	PARNELL	907146	2205193	PRETZ-D NASAL W/TIP DROP 15ML 25	80 EPH	E
50930-0281-50	50930028150	PRETZ-D	SPR	0.25%	PARNELL	41793	2087260	PRETZ-D SP 50ML 0.25% EPHEDRINE	80 EPH	E
00037-0561-92	37056192	LUFYLLIN-EPG	TAB		WALLACE	91634	1061365	LUFYLLIN-EPG TB 100 WAL	85 EPH	E
00037-0565-68	37056568	I LUFYLLIN-EPG	ELX		WALLACE	227854	1061373	LUFYLLIN-EPG ELX PT 56502 WAL	85 EPH	E
00037-0717-92	37071792	RYNATUSS	TAB		WALLACE	91944	1032598	RYNATUSS TB 100 WAL	85 EPH	E
00037-0717-95	37071795	RYNATUSS	TAB		WALLACE	52809	2385334	RYNATUSS TB 60/10 2000 WAL	85 EPH	E
00037-0717-96	37071796	RYNATUSS	TAB		WALLACE	264024	2302388	RYNATUSS TB 500 WAL	85 EPH	E
00037-0718-67	37071867	RYNATUSS PED	SUS		WALLACE	121592	1180116	RYNATUSS SS 240ML PED WAL	85 EPH	E
00037-0718-68	37071868	RYNATUSS PED	SUS		WALLACE	91952	1002559	RYNATUSS SS 480ML PED WAL	85 EPH	E
00044-4520-02	44452002	QUADRINAL	TAB		KNOLL LABORATORIES	48186	1110766	QUADRINAL TB 100 KNL	85 EPH	E
00049-2540-66	49254066	MARAX	TAB		PFIZER U.S.	112003	1283787	MARAX TB 100 PFZ	85 EPH	E
00049-2540-73	49254073	I MARAX	TAB		PFIZER U.S.	112011	1144815	MARAX TB 500 PFZ	85 EPH	E
00049-2550-93	49255093	MARAX DF	SYP		PFIZER U.S.	245232	1003953	MARAX DF SR 480ML PFZ	85 EPH	E
00074-1224-01	74122401	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	755680	2301596	SPINAL ANESTH TR 22G BUP/EP/EP10	85 EPH	E
00074-1224-03	74122403	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	260702	2607026	SPINAL ANESTH TR 22G W/DRUGS ABH	85 EPH	E
00074-1225-01	74122501	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	755699	2301604	SPINAL ANESTH TR 22G BUP/EP/EP10	85 EPH	E
00074-1225-03	74122503	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	368814	2473189	SPINAL ANESTH TR 25G W/DRUGS 10	85 EPH	E
00074-3073-03	74307303	EPHEDRINE SU	INJ	50MG/ML	ABBOTT HOSP	308269	1451368	EPHEDRINE SULF AM 50MG/ML 100X1ML	85 EPH	E
00074-3073-31	74307331	EPHEDRINE SU	INJ	50MG/ML	ABBOTT HOSP	359238	2469179	EPHEDRINE SULF SD 50MG 50X1ML ABH	85 EPH	E
00074-3099-01	74309901	SPINAL-26	KIT	26GX3.5	* ABBOTT HOSP	904228	1965292	SPINAL ANESTH TR 26G BUP/EP/EP10	85 EPH	E
00074-3716-01	74371601	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	971928	2328250	SPINAL ANESTH TR 22G BU/DX/EPH/EP	85 EPH	E
00074-3717-01	74371701	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	971936	2328268	SPINAL ANESTH TR 25G BU/DX/EPH/EP	85 EPH	E
00074-4735-01	74473501	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	381705	1570233	SPINAL ANESTH TR 25G TET/EPH/EP10	85 EPH	E
00074-4773-02	74477302	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	917265	2390706	SPINAL ANESTH TR 22G TET/EPH/EP10	85 EPH	E
00074-4774-01	74477401	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	753211	2132991	SPINAL ANESTH TR 25G TET/EPH/EP10	85 EPH	E
00074-4774-02	74477402	I SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	917281	2390698	SPINAL ANESTH TR TET/EPH/EP10	85 EPH	E
00074-4786-01	74478601	SPINAL-26	KIT	26GX3.5	* ABBOTT HOSP	904236	1961283	SPINAL ANESTH TR 26G EPH/EP10	85 EPH	E
00095-0050-01	95005001	MUDRANE	TAB		ECR/POYTHRESS	281980	1374339	MUDRANE TB 100 ECR	85 EPH	E
00095-0051-01	95005101	MUDRANE-GG	TAB		ECR/POYTHRESS	175242	1865468	MUDRANE GG TB 100 ECR	85 EPH	E
00095-0053-16	95005316	I MUDRANE-GG	ELX		ECR/POYTHRESS	312118	1865450	MUDRANE-GG ELIXIR PT ECR	85 EPH	E

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ndc	ndc	descrip	form	misc1	vendor	DP number	cin	descrip	de	type	code
00143-1695-01	143169501	I THEO/EPHE/PB	TAB		WEST-WARD	538078	2300812	THEOPHYLLINE EPH/PB TABS 100S WW	85	EPH	E
00143-1695-10	143169510	I THEO/EPHE/PB	TAB		WEST-WARD	386820	2485597	THEOPHYLLINE/EPHED/PB TB 1000	85	EPH	E
00182-1344-01	182134401	THEO/HYD/EPH	TAB		GOLDLINE	849928	1904788	HYDROXYZINE CMPD TB 100 GLD	85	EPH	E
00182-1344-05	182134405	I THEO/HYD/EPH	TAB		GOLDLINE	849944	1904770	THEOPHYLL/HYDROX/EPHED TAB	85	EPH	E
00182-1583-01	182158301	I C.C.E.P.	TAB		GOLDLINE	746029	1019223	C.C.E.P. TB 60MG 100	85	EPH	E
00277-0110-02	277011002	KIE	SYP		LASER	209031	2131407	KIE SR 480ML LAS	85	EPH	E
00277-0110-03	277011003	I KIE	SYP		LASER	63626	2247070	KIE SYRUP 1GAL LAS	85	EPH	E
00314-0001-16	314000116	BRONKO TUSS	ELX		HYREX	361275	2111284	BRONKOTUSS EX 480ML HRY	85	EPH	E
00536-2202-85	536220285	TRI-TANNATE	SUS	PLUS	RUGBY	596450	1172667	TRI-TANNATE PED PL SS 480ML RUG	85	EPH	E
00536-3906-01	536390601	HYDROPHED	TAB		RUGBY	794325	1167055	HYDROPHED TB 100 RUG	85	EPH	E
00536-3906-05	536390605	I HYDROPHED	TAB		RUGBY	794988	1128701	HYDROPHED TAB 500S WHITE RG	85	EPH	E
00536-4394-01	536439401	TRI-TANNATE	TAB	PLUS	RUGBY	687588	1190974	TRI-TANNATE PLUS TB 100 RUG	85	EPH	E
00563-0280-16	563028016	BRONCHOLATE	SYP	6.25-10	0 SANOFI PHARMACEUTICALS	377163	1603760	BRONCHOLATE SR 480ML SNF	85	EPH	E
00603-3948-21	603394821	HYDROXYZINE	TAB	CPD	QUALITEST	472034	2419133	HYDROXY CMPD TB 100 QLT	85	EPH	E
00702-0875-01	702087501	EPHEDRINE SU	INJ	50MG/ML	VHA+PLUS	750425	1590041	EPHEDRINE SDV 50MG/MG 25X1ML VHA	85	EPH	E
00839-6216-16	839621616	HYDROXYZINE	TAB	CPD	H L MOORE	852427	2285989	HYDROXYZINE CMPD TB 1000 MOR	85	EPH	E
00904-0720-16	904072016	MOXY CPD	SYP		MAJOR PHARMACEUTICALS	710776	2095362	MOXY CMPD SR 480ML MJR	85	EPH	E
00904-0774-60	904077460	THEO/EPHE/PB	TAB		MAJOR PHARMACEUTICALS	707791	2094290	THEOTAL TB 100 MJR	85	EPH	E
00904-1665-60	904166560	RENTAMINE	TAB		MAJOR PHARMACEUTICALS	705063	2104164	RENTAMINE TB 100 MJR	85	EPH	E
00904-1666-16	904166616	RENTAMINE	SUS	PED	MAJOR PHARMACEUTICALS	713341	2098309	RENTAMINE SS 480ML PED MJR	85	EPH	E
51079-0705-45	51079070545	EPHEDRINE SU	INJ	50MG/ML	UDL	790206	1443985	EPHEDRINE SULF SD	85	EPH	E
52152-0013-02	52152001302	AMI-RAX	TAB		AMIDE PHARMACAL	257485	2574853	AMI-RAX TB 100 AMI	85	EPH	E
52152-0013-04	52152001304	AMI-RAX	TAB		AMIDE PHARMACAL	261898	2618981	AMI-RAX TB 500 AMI	85	EPH	E
55053-0122-01	55053012201	TUSS TAN	TAB		ECONOLAB	274489	2744894	TUSS-TAN RX TB 100	85	EPH	E
55390-0875-01	55390087501	EPHEDRINE SU	INJ	50MG/ML	BEDFORD LABORATORIES	924490	2233674	EPHEDRINE SULFSD 50MGML 25X1ML	85	EPH	E
60432-0117-08	60432011708	TETRA TANN	SUS	PED	MORTON GROVE PHARMACEUTICALS	260191	2601912	TETRA TANNATE SS 240ML PED MGP	85	EPH	E
60432-0117-16	60432011716	TETRA TANN	SUS	PED	MORTON GROVE PHARMACEUTICALS	76405	2710390	TETRA TANNATE SS 480ML PED MGP	85	EPH	E
61703-0217-01	61703021701	EPHEDRINE SU	INJ	50MG/ML	FAULDING HOSPITAL PRODUCTS	187429	2414324	EPHEDRINE SULF AM 50MGML 25X1ML	85	EPH	E
00074-3073-03	74307303	EPHEDRINE SU	INJ	50MG/ML	ABBOTT HOSP	314331	1863166	Ephedrine Sulf 50mg 100x1ml	999	EPH	E
00406-4965-34	406496534	EPHEDRINE	POW	HCL	MALLINCKRODT SPEC CHEM	280232	1805233	Ephedrine HCL 1 oz.	999	EPH	E
00472-1480-93	472148093	I NITE TIME CO	LIQ	FORMUL	BARRE-NATIONAL	794490	2663581	Night time cold 300 ml	999	EPH	E
00472-1480-96	472148096	I NITE TIME CO	LIQ	FORMUL	BARRE-NATIONAL	794481	2663573	Night time cold 180 ml	999	EPH	E
00472-1482-93	472148293	I NITE TIME CO	LIQ	FORMUL	BARRE-NATIONAL	736082	2638438	Night time cold 300 ml	999	EPH	E
00472-1482-96	472148296	I NITE TIME CO	LIQ	FORMUL	BARRE-NATIONAL	736090	2636447	Night time cold 180 ml	999	EPH	E
00839-6216-06	839621606	HYDROXYZINE	TAB	CPD	H L MOORE	848093	2702017	Hydroxyzine Comp TTT 100	999	EPH	E
00839-7432-69	839743269	MOORETUSS	SUS	PED	H L MOORE	854786	2702769	Mooretuss Ped SS TTT 480 ml	999	EPH	E
00904-0774-80	904077480	THEO/EPHE/PB	TAB		MAJOR PHARMACEUTICALS	705551	2628568	Theotal 1000	999	EPH	E
00904-2074-60	904207460	I EPHEDRINE SU	CAP	25MG	MAJOR PHARMACEUTICALS	672661	2624237	Ephedrine Sulf 25 mg 100	999	EPH	E
00904-2074-70	904207470	I EPHEDRINE SU	CAP	25MG	MAJOR PHARMACEUTICALS	674338	2624286	Ephedrine Sulfate 25 mg 250	999	EPH	E
11868-0004-04	11868000404	666 COUGH	SYP		MONTICELLO DRUG	324787	1881135	666 Cough 120 ml	999	EPH	E
50383-0809-16	50383080916	QUAD-TUSS	SUS	TANN/PE	D HI-TECH	897957	2677805	Quad-tuss tannat 480 ml	999	EPH	E
00182-1446-16	182144616	COLD & ALLER	TAB	GY ER	GOLDLINE	694878	1037217	Ext. Relief-Cold/Allerg TB 24 Gld.	1	PPA	P
00472-0724-98	472072498	BROMANATE	ELX	2-12.5/5	BARRE-NATIONAL	361607	1515477	BROMANATE EL 8OZ ALM	1	PPA	P
00496-0300-02	496030002	DAPACIN	CAP		FERNDAL LAB	945161	2258266	DAPACIN CP 100 FRN	1	PPA	P
43797-0389-06	43797038906	SALETO D	CAP		MALLARD	943401	2263614	SALETO-D CL 1000	1	PPA	P
43797-0389-45	43797038945	SALETO D	CAP		MALLARD	943398	1178292	SALETO-D CAP 20S RBT	1	PPA	P
00879-0758-04	879075804	BROMTAPP	LIQ	2-12.5/5	HALSEY DRUG	422150	2485100	BROMATAPP EL 120ML AF SF HLS	3	PPA	P
00904-7621-73	904762173	JEFFER COLD	TAB	RELIEF	MAJOR PHARMACEUTICALS	983330	2359537	EFFERVESCENT COLD RELF TB 36 MJR	3	PPA	P
16500-04338	1650004338	ALKA-SELT +	TAB	COLD	BAYER CONSUMER	652342	2265486	ALKA SELTZER PLUS COLD 48S 4338	3	PPA	P
00031-2254-54	31225454	DIMETAPP	TAB		WHITEHALL ROBINS HEALTHCARE	273015	1087709	DIMETAPP TAB 24S 2254-54	7	PPA	P
00031-2255-46	31225546	DIMETAPP	CAP		ALLERGY WHITEHALL ROBINS HEALTHCARE	779822	1622612	DIMETAPP LIQUIGEL 12S 225546	7	PPA	P
00031-2255-54	31225554	DIMETAPP	CAP		ALLERGY WHITEHALL ROBINS HEALTHCARE	781797	1622620	DIMETAPP LIQUI-GEL 24S 2255-54	7	PPA	P
00031-2277-46	31227746	DIMETAPP	TAB		EXTENTA WHITEHALL ROBINS HEALTHCARE	273023	1087717	DIMETAPP EXTENTAB 12 2277-46	7	PPA	P
00031-2277-54	31227754	DIMETAPP	TAB		EXTENTA WHITEHALL ROBINS HEALTHCARE	273031	1087725	DIMETAPP EXTENTAB 24 2277-54	7	PPA	P
00031-2277-59	31227759	DIMETAPP	TAB		EXTENTA WHITEHALL ROBINS HEALTHCARE	431443	1294743	DIMETAPP EXT TB 48 2277-59	7	PPA	P
00031-2277-63	31227763	DIMETAPP	TAB		EXTENTA WHITEHALL ROBINS HEALTHCARE	273244	1238732	DIMETAPP EXT TB 100 2277-63	7	PPA	P
00031-2277-64	31227764	DIMETAPP	TAB		EXTENTA WHITEHALL ROBINS HEALTHCARE	273260	1361005	DIMETAPP EXT TB 100 UD 2277-64	7	PPA	P
00031-2277-70	31227770	DIMETAPP	TAB		EXTENTA WHITEHALL ROBINS HEALTHCARE	273252	1238740	DIMETAPP EXT TB 500 2277-70	7	PPA	P

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ndc	ndc	descrip	form	misc1	vendor	DP number	cin	descrip	type	code
00031-2279-46	31227946	DIMETAPP	CAP	COLD/CG	WHITEHALL ROBINS HEALTHCARE	926647	2238806	DIMETAPP CLD&CGH LQEL 12S 227946	7 PPA	P
00031-2279-54	31227954	DIMETAPP	CAP	COLD/CG	WHITEHALL ROBINS HEALTHCARE	926655	2238814	DIMETAPP CLD&CGH LQEL 24	7 PPA	P
00031-2280-54	31228054	DIMETAPP C&F	TAB		ROBINS CONS	538825	1372101	DIMETAPP CAPLET 24S COLD & FLU	7 PPA	P
00031-2280-59	31228059	DIMETAPP C&F	TAB		ROBINS CONS	538833	1365204	DIMETAPP CAPLET 48S COLD&FLU	7 PPA	P
00031-2284-46	31228446	DIMETAPP	TAB	ALL/SIN	WHITEHALL ROBINS HEALTHCARE	251496	2317840	DIMETAPP ALRGY/SINUS CPLT 12S	7 PPA	P
00031-2284-54	31228454	DIMETAPP	TAB	ALL/SIN	WHITEHALL ROBINS HEALTHCARE	253120	2317832	DIMETAPP ALRGY/SINUS CL 24	7 PPA	P
00031-2290-54	31229054	DIMETAPP	CHW	1-6.25MG	WHITEHALL ROBINS HEALTHCARE	781800	1622703	DIMETAPP CLD & ALRGY TB 24S CHEW	7 PPA	P
00037-0421-90	37042190	COVANGESIC	TAB		WALLACE	227846	1274281	COVANGESIC TB 24 WAL	7 PPA	P
00043-0074-12	43007412	TRIAMINICIN	TAB		NOVARTIS CONS	381594	1215466	TRIAMINICIN TAB 12S 7412	7 PPA	P
00043-0074-24	43007424	TRIAMINICIN	TAB		NOVARTIS CONS	381608	1215474	TRIAMINICIN TAB 24S 7424	7 PPA	P
00043-0074-48	43007448	TRIAMINICIN	TAB		NOVARTIS CONS	381616	1001486	TRIAMINICIN TAB 48S PKT DISP7478	7 PPA	P
00043-0075-24	43007524	TRIAMINIC	CHW		NOVARTIS CONS	161373	1354430	TRIAMINIC TAB CHEW 24S 75-24	7 PPA	P
00043-0082-24	43008224	TRIAMINIC	TAB	COLD	NOVARTIS CONS	24708	1233840	TRIAMINIC COLD TAB 24S 82-24	7 PPA	P
00043-0083-24	43008324	TRIAMINICOL	TAB		NOVARTIS CONS	24775	1233931	TRIAMINICOL M/S COLD TAB 24S 8324	7 PPA	P
00043-0085-10	43008510	TRIAMINIC	TAB	12 HOUR	NOVARTIS CONS	24678	1233154	TRIAMINIC-12 TAB 10S 85-10	7 PPA	P
00043-0085-20	43008520	TRIAMINIC	TAB	12 HOUR	NOVARTIS CONS	24686	1233170	TRIAMINIC-12 TAB 20S 85-20	7 PPA	P
00043-0107-24	43010724	TRIAMINIC	TAB	ALLERGY	NOVARTIS CONS	272531	1264480	TRIAMINIC ALLERGY TAB 24S 107-24	7 PPA	P
00043-0109-24	43010924	URSINUS	TAB		NOVARTIS CONS	381632	1050442	URSINUS TAB 24S DOR 109-24	7 PPA	P
00043-0121-08	43012108	TAVIST-D	TAB		NOVARTIS CONS	784885	1638592	TAVIST-D TB 8	7 PPA	P
00043-0121-08	43012108	TAVIST-D	TAB		NOVARTIS CONS	181994	2391126	TAVIST-D TB 10 SEE 1638592	7 PPA	P
00043-0121-32	43012132	TAVIST-D	TAB		NOVARTIS CONS	855472	1238450	TAVIST-D TAB 32S	7 PPA	P
00045-0188-20	45018820	TYLENOL COLD	TAB		MCNEIL CONSUMER	69432	1830389	TYLENOL COLD EFFER TAB 20S 18820	7 PPA	P
00045-0287-24	45028724	TYLENOL CHLD	CHW	COLD	MCNEIL CONSUMER	663778	1122274	TYLENOL COLD CHLD CH 24S 28724	7 PPA	P
00085-0075-05	85007505	CORICIDIN	TAB		SCHERING-PLOUGH	77437	1367853	CORICIDIN DEMILET 36S 075-05	7 PPA	P
00085-0307-01	85030701	CORICIDIN D	TAB		SCHERING-PLOUGH	420662	1287820	CORICIDIN D TAB 12S 307-01	7 PPA	P
00085-0307-02	85030702	CORICIDIN D	TAB		SCHERING-PLOUGH	420689	1226224	CORICIDIN D TAB 24S 307-02	7 PPA	P
00085-0307-03	85030703	CORICIDIN D	TAB		SCHERING-PLOUGH	297461	1040054	CORICIDIN D TAB 48S 307-03	7 PPA	P
00085-0307-04	85030704	CORICIDIN D	TAB		SCHERING-PLOUGH	420700	1088410	CORICIDIN D TAB 100S 307-04	7 PPA	P
00085-0307-05	85030705	CORICIDIN D	TAB		SCHERING-PLOUGH	399701	1185958	CORICIDIN D INDUST PK 100X2 87048	7 PPA	P
00085-0673-02	85067302	CHLOR-TRIMET	TAB	SINUS	SCHERING-PLOUGH	596116	1488642	CHLOR-TRIM CAPLT SINUS 24S 673-02	7 PPA	P
00085-0751-02	85075102	DEMAZIN	TAB		SCHERING-PLOUGH	376566	1279033	DEMAZIN REPETAB 24S 0751-02	7 PPA	P
00085-0751-04	85075104	DEMAZIN	TAB		SCHERING-PLOUGH	340693	1011071	DEMAZIN REPETAB TAB 100S 751-04	7 PPA	P
00085-0941-02	85094102	CORICIDIN	TAB	SINUS HA	SCHERING-PLOUGH	616338	1588037	CORICIDIN SINUS CAPLET 24 941-02	7 PPA	P
00086-0066-02	86006602	SINULIN	TAB		CARNRICK	465038	1269596	SINULIN TB 20 CRN	7 PPA	P
00086-0066-10	86006610	SINULIN	TAB		CARNRICK	465046	1226166	SINULIN TB 100 CRN	7 PPA	P
00086-0066-24	86006624	SINULIN	TAB		CARNRICK	465054	1052224	SINULIN PROFIT PK TB 24 CRN	7 PPA	P
00086-0066-24	86006624	SINULIN	TAB		CARNRICK	65124	2278323	SINULIN TAB 24S 7PC DL8824 CRN	7 PPA	P
00122-0818-66	122081866	COLD & ALLER	TAB	RELIEF	REXALL	655686	2159499	COLD+ALLERGY RELIEF TAB TR 12S	7 PPA	P
00122-0838-66	122083866	COLD	CAP	8-75 CR	REXALL	655694	2159481	COLD CP TR 10 RXC	7 PPA	P
00182-1038-11	182103811	COLD & ALLER	CAP		GOLDLINE	875600	1009216	COLD & ALLERGY GELCAP 12S GL	7 PPA	P
00182-1077-15	182107715	COLD MED EFF	TAB	NITETIME	GOLDLINE	960829	2312031	NIGHTTIME COLD MED TB NF 20 GLD	7 PPA	P
00182-1450-95	182145095	IEFF COLD MED	TAB		GOLDLINE	694886	1033141	IEFFER COLD TB 36 GLD	7 PPA	P
00182-1524-15	182152415	IEFF NITETIME	TAB	CLD MED	GOLDLINE	757217	1116441	NIGHTTIME EFFR COLD TB 20 GLD	7 PPA	P
00182-1693-23	182169323	GENCOLD	CAP	8-75 CR	GOLDLINE	128732	1741024	GENCOLD CP 10 GLD	7 PPA	P
00182-2021-19	182202119	GENACOL	TAB		GOLDLINE	273780	2737807	GENACOL TB 325MG 500 GLD	7 PPA	P
00182-2612-01	182261201	POLYHISTAMIN	CAP	PPA	GOLDLINE	815977	2373165	POLYHISTAMINE PPA CAP SA UD100	7 PPA	P
00182-6168-37	182616837	DM COLD/COUG	LIQ		GOLDLINE	968374	1116300	DM COUGH & COLD EL 120ML GLD	7 PPA	P
00235-0612-01	235061201	SINAREST	TAB	EX STR	CIBA SELF MEDICATION	69949	1322171	SINAREST X/S TSB 24S 061201	7 PPA	P
00235-0780-26	235078026	ALLEREST	TAB	12 HOUR	CIBA SELF MEDICATION	480363	1250117	ALLEREST 12HR CP 10 7825	7 PPA	P
00235-1180-01	235118001	ALLEREST	CHW	CHILD	CIBA SELF MEDICATION	69558	1201870	ALLEREST CHILD TB 24 118001	7 PPA	P
00482-0722-10	482072210	DUADACIN	CAP		KENWOOD	36536	1154582	DUADACIN CP 100 BKD	7 PPA	P
00536-3017-34	536301734	ALLERGY RELI	TAB		RUGBY	434345	1321793	ALLERGY RELIEF TAB 20S BLST RG	7 PPA	P
00536-3379-35	536337935	BROMALINE	TAB		RUGBY	596434	1446210	BROMALINE TB 1X24BP OTC RUG	7 PPA	P
00536-3380-12	536338012	BROMALINE	TAB	EXTENTA	RUGBY	645869	1720871	BROMALINE TB 12 OTC RUG	7 PPA	P
00536-3486-01	536348601	CHLOR-REST	TAB		RUGBY	434590	1243203	HAY FEVER & ALLERGY TAB 100S RG	7 PPA	P
00536-3519-01	536351901	CONGESTANT D	TAB		RUGBY	708313	1242379	CONGESTANT D TB 100 RUG	7 PPA	P
00536-3769-06	536376906	COLD REL	TAB		RUGBY	708283	1242296	COLD RELIEF TABS 50S RG	7 PPA	P
00536-3775-06	536377506	DECONGESTANT	TAB		RUGBY	681024	1242486	DECONGESTANT TAB 50S RG	7 PPA	P

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ndc	ndc	descrip	form	mlsc1	vendor	OP number	cln	descrip	day	type	code
00536-4290-10	536429010	PHENYLPROPAN	TAB	25MG	RUGBY	681270	1328491	PHENYLPROPANLMBE TB 25MG 1000 RUG		7 PPA	P
00536-4979-10	536497910	COLD	TAB	EXPECT	RUGBY	783048	2169217	COLD TAB W/EXP 1M RG		7 PPA	P
00573-1238-21	573123821	DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	751367	1404946	DRISTAN COLD TAB 20S M/S 123821		7 PPA	P
00573-1238-31	573123831	DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	754676	1404920	DRISTAN COLD TAB 40S M/S 123831		7 PPA	P
00573-1238-41	573123841	DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	753238	1404888	DRISTAN COLD TB 75 MULTI SYMP		7 PPA	P
00573-1238-51	573123851	DRISTAN COLD	TAB	MULT-	WHITEHALL ROBINS HEALTHCARE	2854	1023423	DRISTAN TAB TIN 24X12S 123851		7 PPA	P
00603-0116-10	603011610	COLD	CAP	8-75 CR	QUALITEST	893366	2206092	COLD CAPSULE CP 10 QLT		7 PPA	P
00603-0120-19	603012019	COMPLETE	TAB		QUALITEST	872873	2206001	COMPLETE TB 50 QLT		7 PPA	P
00603-0274-18	603027418	Q-TAPP	TAB	12-75 CR	QUALITEST	590100	2362515	Q-TAPP TB 24 QLT		7 PPA	P
00677-0865-75	677086575	UNI-GEE	TAB		URL	427713	1493725	UNI-GEE TB 75 URL		7 PPA	P
00677-0868-02	677086802	UNI-TRIS	TAB		URL	427829	1493931	UNI-TRIS TAB 50S URL		7 PPA	P
00677-0869-08	677086908	UNI-TRIS	CAP		URL	427810	1493923	UNI-TRIS CAP 36S URL		7 PPA	P
00677-1231-56	677123156	UNI-BROM	TAB	CR	URL	592994	1495340	UNI-BROM TIMETAB 24S URL		7 PPA	P
00839-6563-04	839656304	DECONGESTANT	TAB		H L MOORE	938165	2260834	DECONGESTANT TB 50 MOR		7 PPA	P
00904-0210-15	904021015	COLD-GEST	CAP	10-75 CR	MAJOR PHARMACEUTICALS	698660	2236719	COLD-GEST COLD SA CP 100 MJR		7 PPA	P
00904-0214-24	904021424	DIMAPHEN	TAB	TIMED	MAJOR PHARMACEUTICALS	675539	1488898	DIMAPHEN TB 24 BOXED MJR		7 PPA	P
00904-5012-88	904501288	DAYHIST-D	TAB	1.34-75	MAJOR PHARMACEUTICALS	371777	2474310	DAYHIST-D TB 8 MJR		7 PPA	P
00904-7652-20	904765220	DIMAPHEN DM	LIQ		MAJOR PHARMACEUTICALS	869465	2236552	DIMAPHEN-DM EL 120ML MJR		7 PPA	P
16500-04314	1650004314	ALKA-SELT +	TAB	COLD	BAYER CONSUMER	304379	1190917	ALKA SELTZER PLUS 12		7 PPA	P
16500-04317	1650004317	ALKA-SELT PL	TAB	NITETIME	BAYER CONSUMER	529850	1444231	ALKA SELTZER PLUS N/TIME 20S 4317		7 PPA	P
16500-04320	1650004320	ALKA-SELT +	TAB	COLD	BAYER CONSUMER	61824	1366004	ALKA-SELTZER PLUS TB 20 ORIG 4320		7 PPA	P
16500-04323	1650004323	ALKA-SELT PL	TAB	NITETIME	BAYER CONSUMER	529842	1444249	ALKA SELTZER PLUS N/TIME 36S 4323		7 PPA	P
16500-04334	1650004334	ALKA-SELT PL	TAB	NITETIME	BAYER CONSUMER	687111	1830314	ALKA SELTZER PLUS N/TIME 12S 4334		7 PPA	P
16500-04336	1650004336	ALKA-SELT +	TAB	COLD	BAYER CONSUMER	61832	1366251	ALKA SELTZER PLUS 36S 4336		7 PPA	P
16500-04620	1650004620	ALKA-SELTZER	TAB	PLUSCOL	BAYER CONSUMER	134619	2318723	ALKA-SELTZER PLUS TB 20 ORNG		7 PPA	P
16500-04920	1650004920	ALKA-SELTZER	TAB	PLUSCOL	BAYER CONSUMER	271608	2436186	ALKA-SELTZER PLUS TB 20 CHRY		7 PPA	P
16500-05012	1650005012	ALKA-SELT +	TAB	SIN ALLR	BAYER CONSUMER	687197	1828011	ALKA SELTZER PL SINUS 16S 5012		7 PPA	P
16500-05014	1650005014	ALKA-SELT +	TAB	SIN ALLR	BAYER CONSUMER	687189	1828029	ALKA SELTZER PL SINUS 32S 5014		7 PPA	P
16500-05020	1650005020	ALKA-SELTZER	TAB	#NAME?	BAYER CONSUMER	948276	2250694	ALKA SELTZER PL SINUS 20S		7 PPA	P
16500-05114	1650005114	ALKA-SELT +	TAB	COLD/CO	BAYER CONSUMER	777781	1138019	ALKA SELTZER PL CGH/CLOD TAB 12S		7 PPA	P
16500-05120	1650005120	ALKA-SELT +	TAB	CLD&CO	BAYER CONSUMER	742392	1018589	ALKA SELTZER PL CGH/CLOD TAB 20S		7 PPA	P
16500-05136	1650005136	ALKA-SELT +	TAB	CLD&CO	BAYER CONSUMER	742384	1018134	ALKA SELTZER PL CGH/CLOD TAB 36S		7 PPA	P
16500-05220	1650005220	ALKA-SELTZER	TAB	FLU&BOD	BAYER CONSUMER	120022	2318731	ALKA SELTZER PL 20S FLU&B/A		7 PPA	P
16500-05236	1650005236	ALKA-SELTZER	TAB	FLU&BOD	BAYER CONSUMER	293830	2361459	ALKA SELTZER PL 36S FLU & B/A		7 PPA	P
41100-02993	4110002993	ST JOSEPH	TAB	COLD	LIBERTY CONSUMER	70491	1120831	ST JOSEPH COLD TAB CHILD 30S		7 PPA	P
87900-21420	8790021420	A.R.M.	TAB		MENLEY & JAMES	58440	1108133	A.R.M. ALLERGY CAPLET 20S 21420		7 PPA	P
38130-0075-01	38130007501	EMPRO	CAP	75MG CR	ECONO-MED	918270	2418853	EMPRO CP 75MG 100 EMP		7 PPA	P
38245-0177-10	38245017710	BROMATAPP	TAB	EXTENTA	SKB CONSUMER HEALTHCARE L.P.	864000	2150209	BROMATAPP TB 75-12MG 100 FC COP		7 PPA	P
45800-0236-10	45800023610	CONTAC 12HR	CAP	8-75 CR	SKB CONSUMER HEALTHCARE L.P.	436968	1213222	CONTAC CP 10 236-10		7 PPA	P
45800-0236-20	45800023620	CONTAC 12HR	CAP	8-75 CR	SKB CONSUMER HEALTHCARE L.P.	436933	1365493	CONTAC CAPSULES 20S 236-20		7 PPA	P
45800-0270-12	45800027012	SINE-OFF	TAB		SKB CONSUMER HEALTHCARE L.P.	58580	1135045	SINE-OFF CAP 100S 270-12		7 PPA	P
45800-0270-24	45800027024	SINE-OFF	TAB		SKB CONSUMER HEALTHCARE L.P.	58564	1318997	SINE-OFF CAPLETS 24S 270-19		7 PPA	P
50383-0590-04	50383059004	BROMTAPP	ELX	2-12.5/5	HI-TECH	10639	2585800	BROMTAPP EL 40Z ALC FREE HTP		7 PPA	P
50383-0590-08	50383059008	BROMTAPP	ELX	2-12.5/5	HI-TECH	258581	2585818	BROMTAPP EL 80Z ALC FREE HTP		7 PPA	P
50383-0594-04	50383059404	BROMTAPP DM	LIQ		REXALL MANAGED CARE	258582	2585826	BROMTAPP DM EL 40Z ALC FREE HTP		7 PPA	P
60814-0114-01	60814011401	COLD	CAP	4-75 CR	REXALL MANAGED CARE	950890	2281830	COLD CAP W/BAND C/R 100S		7 PPA	P
60814-0114-09	60814011409	COLD	CAP	4-75 CR	REXALL MANAGED CARE	894702	2214757	COLD CAP/BAND T/R CP 10 RXM		7 PPA	P
60814-0114-50	60814011450	COLD	CAP	4-75 CR	FARO PHARMACEUTICAL, INC.	894710	2214740	COLD CAP W/BAND T/R 50S		7 PPA	P
60976-0675-05	60976067505	COLDLOC-LA	TAB	75-600MG	FARO PHARMACEUTICAL, INC.	933694	2292571	COLDLOC-LA CAPLET 50S		7 PPA	P
60976-0675-10	60976067510	COLDLOC-LA	TAB	75-600MG	FARO PHARMACEUTICAL, INC.	933686	2282465	COLDLOC-LA CAP 100S		7 PPA	P
00015-5663-40	15566340	NALDECON EX	SYN	PED	APOTHECON	309818	1102458	NALDECON EX SR 120ML CHILD BRL		8 PPA	P
00015-5666-40	15566640	NALDECON-DX	SYN	PED	APOTHECON	16500	1112440	NALDECON DX SR 120ML PED BRL		8 PPA	P
00015-5666-60	15566660	NALDECON-DX	SYN	PED	APOTHECON	16519	1112465	NALDECON DX SR 480ML PED BRL		8 PPA	P
00015-5669-40	15566940	NALDECON-DX	SOL	ADULT	APOTHECON	309788	1102474	NALDECON DX LQ 120ML ADULT BRL		8 PPA	P
00015-5669-60	15566960	NALDECON-DX	SOL	ADULT	APOTHECON	309761	1102557	NALDECON DX LQ 480ML ADULT BRL		8 PPA	P
00015-5685-30	15568530	NALDECON EX	DRO	PED	APOTHECON	697303	1112424	NALDECON EX DR 30ML PED BRL		8 PPA	P
00015-5686-30	15568630	NALDECON-DX	DRO	PED	WHITEHALL ROBINS HEALTHCARE	309826	1102235	NALDECON DX DR 30ML PED BRL		8 PPA	P
						273058	1087733	DIMETAPP ELIX 40Z 2230-12		8 PPA	P



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ndc	dc	desc	form	mlset	vendor	DP number	dn	desc	type
00083-0145-37	83014537	ACUTRIM II	TAB	75MG CR	CIBA SELF MEDICATION	159840	1395779	ACUTRIM II TB 40 MAX-STRN	40 PPA
00083-0188-17	83018817	ACUTRIM	TAB	75MG CR	CIBA SELF MEDICATION	20974	2048494	ACUTRIM TB 75MG 20 16-HR 018817	40 PPA
00083-0188-37	83018837	ACUTRIM	TAB	75MG CR	CIBA SELF MEDICATION	20982	1048503	ACUTRIM TB 75MG 40 16-HR	40 PPA
00603-0136-09	603013609	DIETRIM ES	TAB	75MG ES	QUALITEST	872938	2149177	DIETRIM ES TB 20	40 PPA
00904-2436-39	904243639	MEGA-TRIM	TAB	75MG CR	MAJOR PHARMACEUTICALS	371904	2474393	MEGA-TRIM CL 40	40 PPA
10425-00201	1042500201	SUP ODRINEX	TAB	25MG	FOX PHARMACAL INC	474001	1376148	ODRINEX SUPER TAB 50S	40 PPA
10425-00202	1042500202	SUP ODRINEX	TAB	25MG	FOX PHARMACAL INC	474398	1376920	ODRINEX SUPER TAB 50S	40 PPA
72959-16021	7295916021	THINZ-SPAN	TAB	75MG TR	ALVA-MCO	331805	1505692	THINZ SPAN DIET CAPS 21S	40 PPA
73865-69126	7386569126	HUNGREX PLUS	TAB	75MG TR	ALLEGHANY	4804	1071448	HUNGREX PLUS TAB H7 126S	40 PPA
73865-74800	7386574800	PERMATHENE	CAP		ALLEGHANY	12802	1254705	PERMATHENE TRL DIET CAP 48S	40 PPA
00677-1236-60	677123660	UNI-SUM	CAP	DIET	URL	593087	1495449	UNI-SUM CAP 20S	42 PPA
94604-31710	9460431710	GRAPEFRUIT	TAB	8-75 TR	NAT-RUL HEALTH PRODUCTS	915845	2377133	GRAPEFRUIT DIET TAB 100S	42 PPA
37205-0109-60	37205010960	COLD	CAP	8-75 TR	LEADER BRAND PRODUCTS	968722	2256278	LDR COLD CAPS 20CT	70 PPA
37205-0116-26	37205011626	TRIACTING	SYP	1-6.25/5	LEADER BRAND PRODUCTS	928330	2313021	LDR TRIACTING SYRUP 40Z 11028	70 PPA
37205-0140-26	37205014026	TRIACTING	SYP	MULT-	LEADER BRAND PRODUCTS	928283	2313005	LDR TRIACTING MULT-SYMP 40Z 14526	70 PPA
37205-0162-26	37205016226	TRIACTING	SOL	EXCEPT	LEADER BRAND PRODUCTS	928275	2312998	LDR TRIACTING EXCEPT 40Z 18228	70 PPA
37205-0306-62	37205030662	BROMATAPP	TAB	12-75 ER	LEADER BRAND PRODUCTS	968833	1783430	LDR BROMATAPP EXT RLF TAB 24CT	70 PPA
37205-0451-62	37205045162	IBROMM	TAB	12-75 ER	LEADER BRAND PRODUCTS	933481	2312991	LDR PSEUDO COLD & ALLERGY TB 24CT	70 PPA
37205-0482-52	37205048252	COLD	CAP	8-75 CR	LEADER BRAND PRODUCTS	17843	1376375	LDR COLD CAPS 10CT	70 PPA
37205-0494-60	37205049460	JEFFER COLD	TAB	RELIEF	LEADER BRAND PRODUCTS	963909	1783448	LDR EFF COLD TAB 20CT 49460	70 PPA
37205-0501-73	37205050173	COLD & FLU	CAP	SEVERE	LEADER BRAND PRODUCTS	968749	1759233	LDR COLD & FLU SEVERE CP 16CT	70 PPA
37205-0860-73	37205086073	ALLERHIST-D	TAB	DM	LEADER BRAND PRODUCTS	927244	2312924	LDR ALLERHIST-D 16CT 86073	70 PPA
37205-0939-26	37205093926	COLD & COUGH	LIQ	DM	LEADER BRAND PRODUCTS	968692	1759143	LDR COLD & COUGH DM ELIXIR 40Z	70 PPA
37205-0944-26	37205094426	COLD & ALLER	ELX	2-12.5/5	LEADER BRAND PRODUCTS	968684	1239185	LDR COLD & ALLERGY ELIX 40Z	70 PPA
37205-0965-34	37205096534	TUSSIN CF	SYP	EXCEPT	LEADER BRAND PRODUCTS	965219	2302933	LDR TUSSIN CF SR 80Z	70 PPA
00031-8677-22	31867722	ROBITUSSIN	SYP	CF	WHITEHALL ROBINS HEALTHCARE	778597	1633788	ROBITUSSIN-CF SR 120Z	80 PPA
00031-8677-25	31867725	ROBITUSSIN	SYP	CF	WHITEHALL ROBINS HEALTHCARE	328429	1303767	ROBITUSSIN-CF SR 160Z	80 PPA
00086-0051-10	86005110	PROPAGESIT	TAB	25MG	CARRICK	158852	1300722	PROPAGESIT TB 100	80 PPA
00472-0712-94	472071294	BROMANATE DM	LIQ		ALPHARMA	750923	2371649	BROMANATE DM EL 120ML AF	80 PPA
00472-1562-16	472156216	THREAMINE	SOL		BARRE-NATIONAL	735493	2195693	THREAMINE EXP PT	80 PPA
00536-0390-90	536039090	BROMALINE	ELX	2-12.5/5	RUGBY	652407	1159211	BROMALINE OTC EL 3840ML	80 PPA
00536-2192-75	536219275	TRI-DEC	DRO	PED	RUGBY	771627	1395078	TRI-DEC PED DR 10Z	80 PPA
00536-2193-97	536219397	TRI-DEC	SYP	PED	RUGBY	771635	1394782	TRI-DEC CHILD SR 40Z	80 PPA
00536-2345-85	536234585	BROMALINE	ELX	2-12.5/5	RUGBY	960931	1199842	BROMALINE ORAL SL 480ML	80 PPA
00536-2682-97	536268297	TRIPHENICOLD	SYP	MULT-	RUGBY	861847	1649946	TRIPHENICOLD MULTI SYM LQ 40Z RUG	80 PPA
00536-3389-35	536338935	BROMALINE	TAB	PLUS	RUGBY	680940	1325760	BROMALINE PLUS TABS 24	80 PPA
00536-4879-01	536487901	COLD	TAB	EXPECT	RUGBY	839582	1624949	COLD TAB 100S W/EXPECT	80 PPA
00904-0214-12	904021412	DIMAPHEN	TAB	TIMED	MAJOR PHARMACEUTICALS	675520	2163673	DIMAPHEN TB 12	80 PPA
00904-0216-24	904021624	DIMAPHEN	TAB		MAJOR PHARMACEUTICALS	598750	2164002	DIMAPHEN TB 24	80 PPA
00904-0331-20	904033120	THERA-HIST	SYP	2-12.5/5	MAJOR PHARMACEUTICALS	707821	2164457	THERA-HIST SR 40Z	80 PPA
00904-0713-00	904071300	DIMAPHEN	ELX	2-12.5/5	MAJOR PHARMACEUTICALS	748370	2162870	DIMAPHEN ELIXIR 40Z	80 PPA
00904-0713-20	904071320	DIMAPHEN	ELX	2-12.5/5	MAJOR PHARMACEUTICALS	698741	2163996	DIMAPHEN ELIXIR 40Z	80 PPA
00904-0713-28	904071328	DIMAPHEN	ELX	2-12.5/5	MAJOR PHARMACEUTICALS	710555	2162675	DIMAPHEN EL 3840ML	80 PPA
00927-0033-63	927003363	SINAPILS	TAB		PFEIFFER	935298	1488519	SINAPILS TB 36	80 PPA
00927-0133-63	927013363	SINAPILS	TAB		PFEIFFER	935298	1488519	SINAPILS TB 36	80 PPA
00927-0532-24	927053224	TRI-NEFRIN	TAB		PFEIFFER	23166	1488535	TRI-NEFRIN X/S TAB 24S	80 PPA
54092-0041-05	54092004105	PYROXATE	TAB	2-12.5/5	ROBERT'S PHARMACEUTICAL	98072	1198739	PYROXATE CAP 500S	80 PPA
60793-0007-08	60793000708	DIMEPHENYL	ELX	25-5/5ML	KING PHARMA	423416	2485316	DIMETAPP EL 240ML	80 PPA
00047-2917-23	47291723	HYDROMINE	SYP	25-5/5ML	WARNER CHILCOTT	569755	2032696	Hydromint 25 mg 1602	999 PPA
00047-2991-23	47299123	HYDROMINE	SYP	PED	WARNER CHILCOTT	569763	2032712	Hydromint SR 25 mg 1602	999 PPA
00084-0463-01	84046301	TIMED COLD	CAP	4-75 CR	AMERICAN PHARMACEUTICAL CO.	469808	1843390	UN Timed Cold CP 10	999 PPA
00084-0608-04	84060804	TRISTINE	SYP	2-12.5/5	AMERICAN PHARMACEUTICAL CO.	469858	1842756	UN Tristine SR 120 ML	999 PPA
00084-0609-04	84060904	TRISTINE	SOL	EXPECT	AMERICAN PHARMACEUTICAL CO.	469848	1842558	UN Tristine EX 120 ML	999 PPA
00084-0621-32	84062132	ALLERGY/COLD	ELX		AMERICAN PHARMACEUTICAL CO.	528767	2147871	UN Allergy and Cold EL 120 ml	999 PPA
00093-0110-01	93011001	RHINEX D-LAY	TAB	SA	GATE	373281	1999038	Rhinex D-Lay SA 100	999 PPA
00093-0110-10	93011010	RHINEX D-LAY	TAB	SA	GATE	577928	2053627	Rhinex D-Lay SA Tab 1000	999 PPA
00182-1495-10	182149540	NEW DECONGES	SYP	PED	GOLDLINE	127663	1478567	Tri-Phenamine 480 ML	999 PPA
00182-6065-37	182606537	COLD & ALLERGY	ELX		GOLDLINE	757209	2639573	Cold and Allergy 120 ml	999 PPA

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ndc	mc	descrip	form	misc1	rugby	nc vendor	dp number	dn	descrip	type	code
00536-4398-35	536439835	NASAL DECON	TAB	PLUS	RUGBY		487406	1324862	NASAL DECON PL TAB BOX 24S	7PSE	S
00536-5677-06	536567706	COLD RELIEF	TAB		RUGBY		310042	2450278	COLD RELIEF NF TB 50	7PSE	S
00573-0180-10	573018010	ADVIL COLD/	TAB	SINUS	WHITEHALL ROBINS HEALTHCARE		648680	1590298	ADVIL COLD & SINUS CPLT 20S 18010	7PSE	S
00573-0185-10	573018510	ADVIL COLD/	TAB	SINUS	WHITEHALL ROBINS HEALTHCARE		886718	1944610	ADVIL COLD & SINUS TAB 20S 18510	7PSE	S
00573-0185-20	573018520	ADVIL COLD/	TAB	SINUS	WHITEHALL ROBINS HEALTHCARE		886728	1944628	ADVIL COLD & SINUS TB 40	7PSE	S
00573-1120-21	573112021	DRISTAN COLD	TAB	NO-	WHITEHALL ROBINS HEALTHCARE		754658	1404854	DRISTAN COLD CAP 20S NDROW112021	7PSE	S
00573-1120-31	573112031	DRISTAN COLD	TAB	NO-	WHITEHALL ROBINS HEALTHCARE		754650	1404847	DRISTAN COLD CP 40 N/D	7PSE	S
00573-1230-20	573123020	DRISTAN JUIC	POW	MIX-IN	WHITEHALL ROBINS HEALTHCARE		786420	1661990	DRISTAN JUICE MIX-IN 5S 123020	7PSE	S
00573-1230-30	573123030	DRISTAN JUIC	POW	MIX-IN	WHITEHALL ROBINS HEALTHCARE		786438	1661982	DRISTAN JUICE MIX-IN 10S 1230-30	7PSE	S
00573-1244-20	573124420	DRISTAN COLD	CAP	COUGH	WHITEHALL ROBINS HEALTHCARE		248290	2428266	DRISTAN COLD COUGH CP 20 LIQUIGEL	7PSE	S
00573-1265-10	573126510	DRISTAN	TAB	SINUS	WHITEHALL ROBINS HEALTHCARE		177890	1067111	DRISTAN SINUS TB 20 1265-10	7PSE	S
00573-1265-20	573126520	DRISTAN	TAB	SINUS	WHITEHALL ROBINS HEALTHCARE		715875	1645585	DRISTAN SINUS TB 40	7PSE	S
00573-1270-20	573127020	DRISTAN COLD	CAP	MAX-STR	WHITEHALL ROBINS HEALTHCARE		766446	1662022	DRISTAN COLD GELCAP 16S M/S	7PSE	S
00573-1270-30	573127030	DRISTAN COLD	CAP	MAX-STR	WHITEHALL ROBINS HEALTHCARE		785454	1662014	DRISTAN COLD GELCAP 36S M/S	7PSE	S
00573-1280-20	573128020	DRISTAN COLD	CAP	MAX-STR	WHITEHALL ROBINS HEALTHCARE		861065	1884055	DRISTAN COLD ND GELCAPLT 16S M/S	7PSE	S
00573-1280-30	573128030	DRISTAN COLD	CAP	MAX-STR	WHITEHALL ROBINS HEALTHCARE		861081	1878321	DRISTAN COLD ND GELCAPLT 36S M/S	7PSE	S
00603-0158-11	603015811	DREXOPHED	TAB	6-120 CR	QUALITEST		930377	2227635	DREXOPHED TAB 1206MG 10S QLT	7PSE	S
00603-0291-18	603029118	SINUS	TAB	60MG	QUALITEST		874377	2148740	SINUS TABLETS TB 24 QLT	7PSE	S
00677-0358-01	677035801	PSEUDOEPHEDR	TAB	30MG	URL		550175	1082031	PSEUDOEPHED HCL TB 60MG 100 URL	7PSE	S
00677-0787-01	677078701	PSEUDOEPHEDR	TAB	30MG	URL		551414	1448877	PSEUDOEPHED HCL TB 30MG 100 URL	7PSE	S
00677-0797-10	677079710	PSEUDOEPHEDR	TAB	30MG	URL		551422	1311158	PSEUDOEPHED HCL TB 30MG 100 URL	7PSE	S
00677-0834-41	677083441	UNI-FED	SYP	1.25-30	URL		590495	1493657	UNI-FED SR 40Z	7PSE	S
00677-0863-01	677086301	UNI-SED	TAB	30MG	URL		428132	2083301	UNI-SED TAB 30MG 100 URL	7PSE	S
00677-0863-56	677086356	UNI-SED	TAB	30MG/5M	URL		552406	1493857	UNI-SED TAB 30MG 24S URL	7PSE	S
00677-0886-41	677088641	UNI-SED	SYP	2.5-60MG	URL		552666	1493840	UNI-SED SR 40Z	7PSE	S
00677-0977-01	677097701	UNI-FED	TAB	2.5-60MG	URL		427691	1493683	UNI-FED TAB 100S	7PSE	S
00677-0977-10	677097710	UNI-FED	TAB	2.5-60MG	URL		552631	1493675	UNI-FED TB 24	7PSE	S
00677-0977-56	677097756	UNI-FED	TAB	2.5-60MG	URL		552623	1493675	UNI-FED TB 24	7PSE	S
00677-1061-56	677106156	UNI-SINE	TAB	50MG	URL		590533	1493868	UNI-SINE TAB 50MG 24S URL	7PSE	S
00677-1230-56	677123056	UNI-SED PLUS	TAB	APR-60	URL		590360	1495465	UNI-SED PLUS TAB 24S URL	7PSE	S
00677-1233-99	677123399	12 HOUR ANTI	TAB	8-120 CR	URL		563117	2282218	SINUS NON-DROWSY TB 100 URL	7PSE	S
00677-1542-01	677154201	SINUS	TAB	30MG	URL		951498	1330554	CO-PYRONIL 2 PULV 100 3123 LIL	7PSE	S
00777-3123-02	777312302	CO-PYRONIL 2	CAP	30MG	DISTA		23531	1545144	PSEUDOEPHED HCL TB 30MG 100	7PSE	S
00781-1533-01	781153301	PSEUDOEPHEDR	TAB	30MG	GENEVA		237442	1723659	PSEUDOEPHED HCL TB 30MG 1000	7PSE	S
00781-1533-10	781153310	PSEUDOEPHEDR	TAB	60MG	GENEVA		162833	1244508	PSEUDOEPHED HCL TB 60MG 100	7PSE	S
00781-1535-01	781153501	PSEUDOEPHEDR	TAB	60MG	GENEVA		33928	1002856	PSEUDOEPHED HCL TB 60MG 1000	7PSE	S
00781-1535-10	781153510	PSEUDOEPHEDR	TAB	60MG	GENEVA		33938	1085558	ALLERGY COLD TABS 100S CGP	7PSE	S
00781-1870-01	781187001	ALLERGY/COLD	TAB	2.5-60MG	GENEVA		290211	2417582	PSEUDOEPHED HCL TB 60MG 100 MOR	7PSE	S
00839-1543-06	839154306	PSEUDOEPHEDR	TAB	60MG	H L MOORE		201529	2417590	PSEUDOEPHED HCL TB 30MG 100 MOR	7PSE	S
00839-5684-06	839568406	PSEUDOEPHEDR	TAB	30MG	H L MOORE		201553	1207273	EFFERVES COLD MED 20S	7PSE	S
00869-2912-10	869291210	COLD MEDICIN	TAB	30MG	CUMBERLAND-SWAN, INC		10107	1204841	NASAL DECONANTHIST 24S	7PSE	S
00869-2930-10	869293010	NASAL D/A	TAB	2.5-60MG	CUMBERLAND-SWAN, INC		9910	2297083	PSEUDOEPHED HCL SR 240ML	7PSE	S
00879-0450-08	879045008	PSEUDOEPHEDR	SYP	30MG/5M	HALSEY DRUG		958301	2297091	PSEUDOEPHED HCL SR 480ML	7PSE	S
00879-0450-16	879045016	PSEUDOEPHEDR	SYP	30MG/5M	HALSEY DRUG		958310	2297109	PSEUDOEPHED HCL SR 3840ML	7PSE	S
00879-0450-28	879045028	PSEUDOEPHEDR	SYP	30MG/5M	HALSEY DRUG		958328	2297125	TRIPOSED SR 240ML	7PSE	S
00879-0499-08	879049908	TRIPOSED	SYP	1.25-30	HALSEY DRUG		958352	2297133	TRIPOSED SR 3840ML	7PSE	S
00879-0499-28	879049928	TRIPOSED	SYP	1.25-30	HALSEY DRUG		958360	2297133	TRIPOSED SR 3840ML	7PSE	S
00904-0321-24	904032124	SINUS RELIEF	TAB	30-325MG	MAJOR PHARMACEUTICALS		371939	2306678	SINUS TB 1000	7PSE	S
00904-0321-80	904032180	SINUS RELIEF	TAB	30-325MG	MAJOR PHARMACEUTICALS		707732	2306678	SINUS TB 1000	7PSE	S
00904-0668-39	904066839	DEXAPHEN SA	TAB	6-120	MAJOR PHARMACEUTICALS		688717	2306577	DEXAPHEN LA TB 40 BOXED	7PSE	S
00904-1009-24	904100924	PSEUDOGEST	TAB	PLUS	MAJOR PHARMACEUTICALS		707554	2305548	BANOPHEN PLUS CP 24	7PSE	S
00904-2036-24	904203624	BENAPHEN	CAP	PLUS	MAJOR PHARMACEUTICALS		598547	2305738	COLD SYMPTOMS RELIEF TABS 1M	7PSE	S
00904-3650-80	904365080	SYMPTOMATIC	TAB	COLD	MAJOR PHARMACEUTICALS		749249	2503343	COLD SYMPTOMS RELIEF TABS 1M	7PSE	S
00904-5053-59	904505359	SUDOGEST	TAB	30MG	MAJOR PHARMACEUTICALS		556602	2501856	SUDOGEST PLUS TB 60/4MG 24 MJR	7PSE	S
00904-5054-24	904505424	SUDOGEST	TAB	PLUS	MAJOR PHARMACEUTICALS		453102	2501856	SUDOGEST PLUS TB 60/4MG 24 MJR	7PSE	S
00904-5125-80	904512580	SUDOGEST	TAB	60MG	MAJOR PHARMACEUTICALS		575712	2305357	ALL NITE LIQUID CP 12 MJR	7PSE	S
00904-7633-12	904763312	ALL-NITE	CAP	FORMUL	MAJOR PHARMACEUTICALS		869074	2306264	MAPAP COLD FORM TB 24 BOXED	7PSE	S
00904-7655-24	904765524	MAPAP COLD	TAB	FORMUL	MAJOR PHARMACEUTICALS		707988	2306264	MAPAP COLD FORM TB 24 BOXED	7PSE	S

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ndc	dc	descrip	form	misc1	vendor	DP number	ch	descrip	dep	type	code
00031-8603-46	31860346	ROBITUSSIN	CAP	NIGHT-	WHITEHALL ROBINS HEALTHCARE	938459	2380749	ROBITUSSIN NIGHT TM LIQ-GEL 12S		9 PSE	S
00085-1900-02	85190002	DRIXORAL	CAP	CGH/CON	SCHERING-PLOUGH	940070	2254449	DRIXORAL CGH/CONGST SEE 2132090		9 PSE	S
00122-0810-66	122081066	SEUDOTABS	TAB	30MG	REXALL	655783	2159424	SEUDOTABS TB 24 RXC		9 PSE	S
00122-0840-66	122084066	SEUDO-LIQUID	LIQ	30MG/5M	REXALL	655775	2159432	SEUDO-LIQ 4OZ RXC		9 PSE	S
00122-0856-66	122085666	SINUSTABS	TAB	6-120 CR	REXALL	655791	2159416	SINUSTABS TB 30 RXC		9 PSE	S
00472-1139-94	472113994	NITE TIME	LIQ	CHILD	BARRE-NATIONAL	806200	2208718	NITE-TIME CHILD 4OZ NAT		9 PSE	S
00472-1470-93	472147093	NITE TIME CO	LIQ		ALPHARMA	980447	2289890	NITE TIME COLD FM LQ 10OZ ALM		9 PSE	S
00573-1244-10	573124410	DRISTAN COLD	CAP	COUGH	WHITEHALL ROBINS HEALTHCARE	938084	2380723	DRISTAN COLD&CGH LIQ-GEL 12S		9 PSE	S
00879-0450-04	879045004	PSEUDOEPHEDR	SYP	30MG/5M	HALSEY DRUG	924733	2212611	PSEUDOEPHED HCL SR 120ML HLS		9 PSE	S
00879-0499-04	879049904	TRIPOSED	SYP	1.25-30	HALSEY DRUG	924750	2212637	TRIPOSED SR 120ML HLS		9 PSE	S
00879-0499-16	879049916	TRIPOSED	SYP	1.25-30	HALSEY DRUG	924768	2212645	TRIPOSED SR 480ML HLS		9 PSE	S
00904-0217-86	904021786	FLU/COLD/	POW	COUGH	MAJOR PHARMACEUTICALS	877158	2306124	MAJOR FLU COLD & COUGH PW 6 MJR		9 PSE	S
00904-5054-60	904505460	SUDOGEST	TAB	PLUS	MAJOR PHARMACEUTICALS	707546	2204576	PSEUDOGEST PLUS TB 60-4MG 100 MJR		9 PSE	S
00904-5056-24	904505624	SINUS RELIEF	TAB	MAX STR	MAJOR PHARMACEUTICALS	500879	2517167	SINUS RELEIF TB 24 MS MJR		9 PSE	S
00904-7666-24	904766624	LA NAS DECON	TAB	2.5-60MG	MAJOR PHARMACEUTICALS	928119	2379469	U/L DECONGESTNT LNG ACTNG TAB 24S		9 PSE	S
60814-0108-01	60814010801	ANTIHIST NAS	TAB	DECONG	REXALL MANAGED CARE	894508	2212884	ANTIHIST NASAL DECONG TB 100 RXM		9 PSE	S
60814-0108-10	60814010810	ANTIHIST NAS	TAB	DECONG	REXALL MANAGED CARE	894516	2212876	ANTIHIST NASAL DECONGEST TAB 1M		9 PSE	S
60814-0108-24	60814010824	ANTIHIST NAS	TAB	DECONG	REXALL MANAGED CARE	894486	2212900	ANTIHIST NASAL DECONGEST TAB 24S		9 PSE	S
60814-0108-30	60814010830	ANTIHIST NAS	TAB	DECONG	REXALL MANAGED CARE	894494	2212892	ANTIHIST NASAL DECONGEST TAB 30S		9 PSE	S
00085-0901-02	85090102	CHLOR-TRIMET	TAB	Apr-60	SCHERING-PLOUGH	719200	1410240	CHLOR-TRIM D 4MG TRL SZ DL90102		44 PSE	S
00677-0982-01	677098201	SINUS IMPROV	TAB		URL	410918	1494426	HYDROCORTISN OINT .5% 1OZ URL		49 PSE	S
37205-0001-05	37205000105	PEDIA RELIEF	DRO	7.5/8ML	LEADER BRAND PRODUCTS	963976	2303220	LDR PEDIA RELIEF DROPS .5OZ 00105		70 PSE	S
37205-0003-26	37205000326	PEDIA RELIEF	LIQ	CGH/COL	LEADER BRAND PRODUCTS	963968	2303238	LDR PEDIA RELIEF COUGH-COLD 4OZ		70 PSE	S
37205-0042-26	37205004226	TRIACTING	LIQ	NITE TIM	LEADER BRAND PRODUCTS	928291	2313013	LDR TRIACTING NITE TIME 4OZ 04226		70 PSE	S
37205-0085-52	37205008552	MULTI-SYMPTO	CAP	COLD&C	LEADER BRAND PRODUCTS	965405	2302941	LDR MULTI-SYMPTON C&C GEL 10CT		70 PSE	S
37205-0207-62	37205020762	PAIN RELIEF	CHW	COLD+C	LEADER BRAND PRODUCTS	372870	2474690	LDR PAIN RELIEVER C&C CHEW 24		70 PSE	S
37205-0211-62	37205021162	PAIN RELIEF	TAB	COLD	LEADER BRAND PRODUCTS	461725	2507051	LDR PAIN RELIEVER COLD CP 24		70 PSE	S
37205-0250-53	37205025053	DAY-TIME	CAP	COLD/FL	LEADER BRAND PRODUCTS	965308	2362580	LDR DAYTIME SOFTGELS 12CT		70 PSE	S
37205-0330-91	37205033091	FLU/COLD/CGH	POW	HOT MED	LEADER BRAND PRODUCTS	965332	1759257	LDR FLU COUGH & COLD 6CT		70 PSE	S
37205-0376-62	37205037662	SINUS PAIN	TAB	MAX STR	LEADER BRAND PRODUCTS	965162	1363936	LDR SINUS PAIN RELIEVER CL 24		70 PSE	S
37205-0385-62	37205038562	ALLERGY/SINU	TAB	MAX STR	LEADER BRAND PRODUCTS	965200	1364447	LDR SINUS/ALLERGY PAIN RELVR 24		70 PSE	S
37205-0400-71	37205040071	MULTI SYMPTO	TAB	COLD	LEADER BRAND PRODUCTS	965391	1745595	LDR MULTI-SYMPTON COLD TAB 50CT		70 PSE	S
37205-0410-53	37205041053	NIGHT-TIME	CAP	COLD/FL	LEADER BRAND PRODUCTS	965421	1759588	LDR NIGHT TIME SOFTGEL 12CT		70 PSE	S
37205-0445-62	37205044562	PSEUDOEPHEDR	TAB	30MG	LEADER BRAND PRODUCTS	965146	1388107	LDR PSEUDOEPHEDRINE TAB 24CT		70 PSE	S
37205-0447-62	37205044762	SINUS	TAB	MAX-STR	LEADER BRAND PRODUCTS	963984	1388115	LDR SINUS TAB M/S 24CT 44762		70 PSE	S
37205-0450-62	37205045062	HISTA-TABS	TAB	2.5-60MG	LEADER BRAND PRODUCTS	965340	1376508	LDR HISTA TAB 24CT		70 PSE	S
37205-0450-78	37205045078	HISTA-TABS	TAB	2.5-60MG	LEADER BRAND PRODUCTS	965359	2283109	LDR HISTA TAB 100CT		70 PSE	S
37205-0537-53	37205053753	TUSSIN SEVER	CAP	CONGES	LEADER BRAND PRODUCTS	964026	1963198	LDR TUSSIN S/C LIQU-CAP 12S 53753		70 PSE	S
37205-0596-52	37205059652	PSEUDOEPHEDR	TAB	SEVERE	LEADER BRAND PRODUCTS	933473	2312973	LDR PSEUDO SEVERE COLD 10CT		70 PSE	S
37205-0875-30	37205087530	NIGHT-TIME	LIQ	COLD	LEADER BRAND PRODUCTS	965456	1388065	LDR NIGHT TIME REGULAR 6OZ		70 PSE	S
37205-0875-38	37205087538	NIGHT-TIME	LIQ	COLD	LEADER BRAND PRODUCTS	965464	1239169	LDR NIGHT TIME REGULAR 10OZ		70 PSE	S
37205-0880-30	37205088030	NIGHT TIME	LIQ	COLD	LEADER BRAND PRODUCTS	965430	1460377	LDR NIGHT TIME CHERRY 6OZ		70 PSE	S
37205-0880-38	37205088038	NIGHT TIME	LIQ	COLD	LEADER BRAND PRODUCTS	965448	1783422	LDR NIGHT TIME CHERRY 10OZ		70 PSE	S
37205-0966-52	37205096652	DIXAPHEDRINE	TAB	6-120 CR	LEADER BRAND PRODUCTS	927378	2313997	LDR DIXAPHEDRINE 10CT 96552		70 PSE	S
37205-0975-26	37205097526	TUSSIN PE	SYP	30-100/5	LEADER BRAND PRODUCTS	965278	2302925	LDR TUSSIN PE SR 4OZ		70 PSE	S
00031-1653-70	31165370	DIMACOL	TAB		WHITEHALL ROBINS HEALTHCARE	545287	1085455	DIMACOL CAPLET 500S 1653-70		80 PSE	S
00081-0766-48	81076648	SUDAFED SIN	TAB	XS	WARNER WELLCOME	694857	1507870	SUDAFED SINUS TAB 48S 22767		80 PSE	S
00081-0768-48	81076848	SUDAFED	TAB	SINUS	WARNER WELLCOME	694830	1507888	SUDAFED SINUS CAPLET 48S 22769		80 PSE	S
00081-0865-78	81086578	SUDAFED	TAB	30MG	WARNER WELLCOME	120499	1064740	SUDAFED TB 30MG 500X2 INSTUT		80 PSE	S
00121-0421-04	121042104	PSEUDOEPHEDR	SYP	30MG/5M	PHARMACEUTICAL ASSOCIATES	783021	2170793	PA-PSEUDOEPHEDRINE HCL SYRUP 4OZ		80 PSE	S
00182-1361-11	182136111	NIGHTTIME	CAP	COLD	GOLDLINE	842664	1698224	NIGHT TIME COLD CP 12 SFTGEL GLD		80 PSE	S
00451-4600-50	451460050	GUAITAB	TAB	60-400MG	MURO	745979	2411304	GUAITAB 100S MURO		80 PSE	S
00472-1517-94	472151794	DECOFED	SYP	30MG/5M	ALPHARMA	356948	1307958	DECOFED LQ 4OZ ALM		80 PSE	S
00536-2303-75	536230375	KIDCARE DECO	DRO	7.5/8ML	RUGBY	771651	1395425	KIDKARE DECON DR 1OZ RG RUG		80 PSE	S
00536-2310-97	536231097	KIDKARE	LIQ	CGH/COL	RUGBY	771660	1395193	KIDKARECGH/COLD LQ 4OZ RG RUG		80 PSE	S
00904-0250-24	904025024	TRIPROL/PSE	TAB	2.5-60MG	MAJOR PHARMACEUTICALS	698270	2163780	APRODINE TB 24 MJR		80 PSE	S
00904-0250-60	904025060	TRIPROL/PSE	TAB	2.5-60MG	MAJOR PHARMACEUTICALS	698288	2163798	APRODINE TB 100 MJR		80 PSE	S
00904-0250-61	904025061	TRIPROL/PSE	TAB	2.5-60MG	MAJOR PHARMACEUTICALS	749087	2162865	APRODINE TB 100 UD MJR		80 PSE	S

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CAH SWE 019322



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CAH SWE 019323

CAH MDL PRIORPROD DEA07 01384186


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**CAH SWE 019325**

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P-14290 \_ 00294

# **DEA COMPLIANCE MANUAL**

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## **APPENDIX F**

### **DEA Correspondence**

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CAH SWE 019326

CAH\_MDL\_PRIORPROD\_DEA07\_01384189

P-14290 \_ 00295



U.S. Department of Justice  
Drug Enforcement Administration

Washington, D.C. 20537

JUN 25 1992

Ms. Sherry Haber  
National Wholesale Druggist Association  
105 Oronoco Street  
Alexandria, Virginia 22314

Dear Ms. Haber:

It has been brought to the attention of the Drug Enforcement Administration (DEA) that some confusion exists regarding the proper completion of the DEA Form 222 with respect to the "number of lines completed." This letter is written to help alleviate some of the confusion.

Title 21 of the Code of Federal Regulations (CFR), section 1305.06(b) states that only one item shall be entered on each numbered line. It further states that the total number of items ordered shall be noted on the order form in the space provided. On the current version of the DEA Form 222, the aforementioned "space provided" is termed "number of lines completed." When the above requirements are followed to the letter, there is no discrepancy between the number of items ordered and the number of lines completed.

Problems in interpretation have been encountered when the purchaser either uses more than one line to describe an item or voids an item. In the first instance, the correct interpretation would be to list the number of items ordered on the form in the space labeled "number of lines completed." The DEA Form 222 will be revised in its next printing to rename the heading "number of items ordered."

The issue of voided lines on the order form is perhaps a bit less clear cut in its interpretation. In strictly interpreting the regulations, the only conclusion which can be reached which is not open for interpretation is that a supplier may not fill an order form which "shows any alteration, erasure, or change of any description" (21 CFR 1305.11(2)). In fact, instructions provided on the reverse side of the DEA Form 222 advise the purchaser

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P-14290 \_ 00296

Ms. Sherry Haber

Page Two

not to make erasures or alterations. They state that if an error should be made, all copies of the form should be voided and kept on file.

In addition, the regulations imply that only a supplier, not a purchaser, may void an item on a DEA Form 222. Section 1305.15(a) of the regulations states:

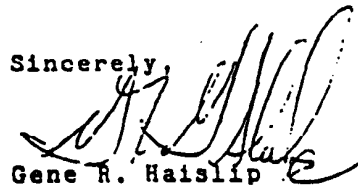
A purchaser may cancel part or all of an order on an order form by notifying the supplier in writing of such cancellation. The supplier shall indicate the cancellation on Copies 1 and 2 of the order form by drawing a line through the canceled items and printing "canceled" in the space provided for number of items shipped.

Consequently, the supplier is the only individual that has the authority to indicate the cancellation on the order form.

A separate but related issue has also been raised regarding generic substitution of order forms. DEA policy does not preclude generic substitution of identical products provided that the name and National Drug Code number of the actual product shipped is reflected on the form. Therefore, it would be acceptable to make a substitution provided that the customer agrees to accept a generic rather than a brand name product, the generic product of a manufacturer other than the one specified or a brand name product rather than a generic one. Therefore, the purchaser will not be required to submit a new DEA Form 222 to accommodate such a change.

Please disseminate the enclosed information to the members of your organization in an effort to dispel any problems they are perhaps encountering with the form. Thank you for your attention to this matter.

Sincerely,



Gene R. Haislip  
Deputy Assistant Administrator  
Office of Diversion Control



Cardinal Health

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TO: Clarence Crisp/Cdc  
Paul Exley/Ovc  
Ron Franks/Bos  
Rick Gliot/Cdc  
Ben Jones/Zan  
Geoff Kirkham/Har  
- Carol Verrastro/Buf  
Pete Westermann/Syr

DATE: June 29, 1992

FROM: Steve Reardon/Bos *Steve*

SUBJ:

Order Forms (DEA Form 222)

CC: George Bennett

---

At a recent NWDA/DEA meeting that I attended, DEA issued the attached letter to further clarify their position on the proper completion of DEA Form 222 with respect to number of lines completed, voided or canceled lines, and generic substitutions. The regulatory interpretations are as follows:

- When two lines are used on an order form to describe one item, the number of lines completed at the bottom should be one. If two lines are used to order one item and "two" is entered in the number of lines completed, the order form must not be filled.
- A customer cannot void or cancel a line on the order form. If an order form is received from a customer with a voided or canceled line, the order form is considered defective and cannot be filled. Only a supplier may void an item on DEA Form 222. The customer may cancel a line by notifying the supplier in writing.
- It is acceptable to substitute generic product for generic product, generic product for brand name product, or brand name product for generic product provided that the products are equivalent, the name and the NDC number of the actual product shipped are reflected on the order form, and the purchaser agrees to the substitution.

Please read the letter for the specifics of these interpretations and pass the information on to the appropriate personnel in your division. Your customers should be notified regarding the consequences of their voiding or canceling a line.

DEA has informed their local offices of these interpretations, and you can expect regulatory enforcement to be consistent with the information contained in the letter.

If you have any questions, please call.

Attachment

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CAH SWE 019329

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P-14290 \_ 00298



TO: Clarence Crisp/Cdc  
Paul Exley/Ovc  
Ron Franks/Bos  
Rick Gliot/Cdc  
Ben Jones/Zan  
Geoff Kirkham/Har  
- Carol Verrastro/Buf  
Pete Westermann/Syr

DATE: June 29, 1992  
FROM: Steve Reardon/Bos *Steve*  
SUBJ: Order Forms (DEA Form 222)

CC: George Bennett

At a recent NWDA/DEA meeting that I attended, DEA issued the attached letter to further clarify their position on the proper completion of DEA Form 222 with respect to number of lines completed, voided or canceled lines, and generic substitutions. The regulatory interpretations are as follows:

- When two lines are used on an order form to describe one item, the number of lines completed at the bottom should be one. If two lines are used to order one item and "two" is entered in the number of lines completed, the order form must not be filled.
- A customer cannot void or cancel a line on the order form. If an order form is received from a customer with a voided or canceled line, the order form is considered defective and cannot be filled. Only a supplier may void an item on DEA Form 222. The customer may cancel a line by notifying the supplier in writing.
- It is acceptable to substitute generic product for generic product, generic product for brand name product, or brand name product for generic product provided that the products are equivalent, the name and the NDC number of the actual product shipped are reflected on the order form, and the purchaser agrees to the substitution.

Please read the letter for the specifics of these interpretations and pass the information on to the appropriate personnel in your division. Your customers should be notified regarding the consequences of their voiding or canceling a line.

DEA has informed their local offices of these interpretations, and you can expect regulatory enforcement to be consistent with the information contained in the letter.

If you have any questions, please call.

Attachment

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CAH SWE 019330

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P-14290 \_ 00299



TO: John Dewees  
Paul Exley  
Ron Franks  
Rick Gliot  
Ben Jones  
Willard Lawrence  
Doug Pace  
- Carol Verrastro  
Pete Westermann

DATE: December 16, 1992

FROM: Steve Reardon

SUBJ: DEA Form 222

CC: George Bennett  
Clarence Crisp

Please be advised that DEA has made changes on DEA Form 222 (sample attached). They are as follows:

- "No. of Lines Completed" has been changed to "No. of Items Ordered (Must Be Ten or Less)"
- Instruction #8 on the reverse side was changed *from*:

8. Enter the number of items ordered — this should correspond to the number of lines used. If this number has not been entered, the form will be returned to you for completion before the supplier is allowed to fill it.

to:

8. Enter the number of *different* items ordered — this *generally* should correspond to the number of lines used. If a number has not been entered, the form will be returned to you for completion before the supplier is allowed to fill it.

These changes were made in an attempt to facilitate compliance with 21 CFR 1305.06(b) which reads:

- (b) Only one item shall be entered on each numbered line. There are ten lines on each order form. If one order form is not sufficient to include all items in an order, additional forms shall be used. Order forms for carfentanil etorphine diprenorphine shall contain only these substances. The total number of items ordered shall be noted on that form in the space provided.

Please pass this information on to the appropriate personnel in your division. If you have any questions, please call.

Attachment



U.S. Department of Justice

Drug Enforcement Administration

Washington, D.C. 20537

APR 25 1993

Mr. Dan White  
Director, Distribution Projects  
and Regulatory Affairs  
McKesson Drug Company  
One Post Street  
San Francisco, California 94104-5296

Dear Mr. White:

Reference is made to your recent letter in which you asked for clarification of the Drug Enforcement Administration's (DEA) policy regarding the "Number of Items Ordered" box on DEA Forms 222.

We had hoped to eliminate much of the confusion regarding the proper completion of order forms by changing the heading for this box from "Number of Lines Completed" to "Number of Items Ordered," but based upon your inquiry and others we have received, it is apparent that some confusion still exists.

In your letter, you cited as an example an instance where a purchaser has used five lines on a DEA Form 222 to order controlled substances. Line #1 and line #4 both contain entries for the same product and package size, i.e. "1 x 100 Ritalin Tab 5mg." You asked whether the "Number of Items Ordered" would be "five" or "four."

Section 1305.06 (c) of Title 21 of the Code of Federal Regulations (CFR) specifies that "An item shall consist of one or more commercial or bulk containers of the same finished or bulk form and quantity of the same substance; a separate item shall be made for each commercial or bulk container of different finished or bulk form, quantity or substance." It is our position, therefore, that in the example you cited, four items were ordered. If the purchaser in this case had erroneously indicated that five items had been ordered (most likely based on the fact that five lines had been completed), we would deem this to be a minor error which could be corrected.

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Mr. Dan White

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It has always been our intent to keep all of our Diversion Investigators knowledgeable about interpretations of the Controlled Substances Act and implementing regulations as well as DEA policy. If you are aware of any inconsistencies in our field offices' interpretation of the CSA, the regulations or DEA policy, please bring it to Ms. Carter's or my attention so the situation can be rectified.

If I can be of further assistance, please let me know.

Sincerely,



G. Thomas Mitchell, Chief  
Liaison and Policy Section  
Office of Diversion Control



U.S. Department of Justice  
Drug Enforcement Administration

Washington, D.C. 20537

MAY 18 1993

Ms. Diane P. Goyette  
Director of Regulatory Affairs  
National Wholesale Druggists' Association  
P.O. Box 2219  
Reston, Virginia 22090-0219

Dear Ms. Goyette:

This is in response to your letter of March 8, 1993, regarding the issues raised at the National Wholesale Druggists' Association's (NWDA) Regulatory Affairs Working Group meeting in San Antonio.

The issues raised at the meeting are important and we look forward to continuing to work with the NWDA on matters concerning compliance with Federal and state laws and regulations governing controlled substances. We have relayed the working group's concerns regarding consistency in the Drug Enforcement Administration's interpretation of policy to all of our field offices. We have also reminded them that responses to policy questions should be made in writing if requested by the registrant.

Thank you for allowing members of the Office of Diversion Control staff to meet with you. We believe that by sharing concerns and ideas to prevent the diversion of legitimate controlled substance, both DEA's mission and NWDA's needs will be met.

Sincerely,

G. Thomas Gitchel, Chief  
Liaison and Policy Section  
Office of Diversion Control

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U.S. Department of Justice  
Drug Enforcement Administration

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JUN 23 1993

Mr. Larry L. Holland  
Corporate Director  
Security and Regulatory Compliance  
Alco Health Services Corporation  
P.O. Box 959  
Valley Forge, Pennsylvania 19482

Dear Mr. Holland:

This is in response to your letter of April 22, 1993, in which you question the use of a former owner's Drug Enforcement Administration (DEA) registration by the new owner following the purchase of a pharmacy. There have been certain instances recently which have resulted in our reevaluating the circumstances under which these procedures may be used.

It is DEA's policy that upon purchasing a pharmacy the new owner must obtain a new DEA registration prior to dispensing controlled substances. However, we recognize that there may be occasions when, due to circumstances beyond the new owner's control, issuance of the appropriate state permits and, consequently, the new DEA registration may be delayed. In such situations, it may be permissible for the new owner to continue the business of the pharmacy under the previous owner's registration, provided certain conditions are met by both new and old owners.

The primary condition is that both the buyer and seller enter into a power of attorney that specifically sets forth the following:

1. The seller agrees to allow the controlled substance activities of the pharmacy to be carried out under the seller's DEA registration;
2. The seller agrees to allow the buyer to carry out the controlled substance activities of the pharmacy, including the ordering of controlled substances, as an agent of the seller;

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Mr. Larry L. Holland

Page Two

3. The seller acknowledges that, as the registrant, they will be held accountable for any violations of controlled substance laws which may occur; and

4. The buyer agrees that the controlled substance activities of the pharmacy may be carried out under the seller's registration for no more than 45 days after the purchase date, which shall be recorded in the agreement.

In addition, the buyer must notify the appropriate local DEA office of the proposed use of the seller's DEA registration and, if requested, furnish a copy of the agreement. Should circumstances warrant, the local DEA office may withhold permission for the buyer to use the seller's registration number. The buyer cannot automatically assume that they will be authorized to utilize the seller's registration to conduct controlled substance activities.

With respect to your concerns regarding good faith verifications under such conditions, the best approach is to require that a copy of the power of attorney be provided with the copy of the registration certificate.

I trust the above adequately addresses your concerns. If you have any further questions or comments, please do not hesitate to contact this office at (202) 307-7297.

Sincerely,

  
G. Thomas Gitchel, Chief  
Liaison and Policy Section  
Office of Diversion Control



**Cardinal Health**

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TO Tom Blaylock/*National Specialty Serv.* DATE: June 29, 1993

John Dewees/*Marmac*

FROM:

Paul Exley/*Ohio Valley*

Steve Reardon/*Daly* *SR*

Ron Franks/*Daly*

SUB:

Rick Gliot/*Chapman*

DEA Policy

Ben Jones/*Bailey*

Brian Landry/*Mississippi*

-Doug Pace/*Florida*

John Roth/*Solomons*

Carol Verrastro/*Ellicott*

Pete Westermann/*Syracuse*

CC: George Bennett/*Dublin*

---

Typically, local DEA offices are willing to provide registrants with regulatory policy interpretations but are hesitant to put these interpretations in writing. However, according to the attached letter, the field offices have recently been instructed to respond to policy questions in writing if requested by the registrant. In response to this new directive from Washington, our policy should be to ask for all interpretations of DEA regulations and policies or approvals of procedures for your operation to be put in writing. This practice will protect us against potential violations that could result when being inspected by DEA investigators who disagree with the interpretation or are new to the local office. If the local office is hesitant to put something in writing, please feel free to provide them with a copy of this letter or contact me, and I will handle it.

If you have any questions, please call.

Attachment



TO: Sales and Operations Personnel  
Linda Zarlengo

DATE: August 25, 1993

FROM: Steve Reardon *[Signature]*

CC: George Bennett  
Pete Westermann

SUBJ: Change of Pharmacy Ownership:  
DEA Policy

---

Change of pharmacy ownership and continuing operation on a previous owner's DEA registration is an issue which has created ongoing confusion and inconvenience for us and our customers because of varying local DEA interpretations as to whether or not this is allowed.

DEA Headquarters recently documented DEA's official policy in the attached letter, which states that continued operation is permissible when certain conditions are met by both the current and previous owners.

The primary condition is that both the buyer and seller enter into a power of attorney that specifically sets forth the following:

1. The seller agrees to allow the controlled substance activities of the pharmacy to be carried out under the seller's DEA registration;
2. The seller agrees to allow the buyer to carry out the controlled substance activities of the pharmacy, including the ordering of controlled substances, as an agent of the seller;
3. The seller acknowledges that, as the registrant, they will be held accountable for any violations of controlled substance laws which may occur; and
4. The buyer agrees that the controlled substance activities of the pharmacy may be carried out under the seller's registration for no more than 45 days after the purchase date, which shall be recorded in the agreement.

Prior to selling to the new owner, you should obtain a copy of the power of attorney and file it with the copy of the previous owner's DEA registration certificate.

In addition, you must monitor the 45-day limit on controlled substance activity imposed as part of this policy.

If you have any questions, please call.

Attachment

**Cardinal Health**

TO Sales and Operations Personnel DATE August 25, 1993  
 FROM:  
 CC: George Bennett SUBJ: Steve Reardon *flial*  
 Mid-Level Practitioners (MLPs)

The Drug Enforcement Administration (DEA) published a final rule in the June 4 Federal Register establishing a new category of DEA registrants, *mid-level practitioners (MLPs)*. The rule defines MLP as "an individual practitioner... other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice." Examples of MLPs include nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants.

MLPs will now be registered with DEA, but their authority to prescribe, dispense, and order controlled substances is granted by the state in which they practice and varies greatly among the states and types of MLPs (see attached). The final rule places responsibility for verifying this authority on the supplier, a complicated task at best.

I don't believe MLPs represent a significant new class of customers who would generate large volume sales and, because of the compliance difficulties posed by the authority verification responsibility, recommend that we do not sell directly to them. However, if this turns out not to be the case, we can reevaluate this position.

Please pass this information along to the appropriate staff in your division. If you have any questions, please call.

**NOTE:** The new MLP registration number will begin with the letter "M" rather than the letters "A" or "B" currently used for traditional practitioners.

Attachment

*Distribution:*

Denzel Bibey  
 Dave Blaylock  
 Tom Blaylock  
 Jim Bonanni  
 Terry Brown  
 Chip Caney  
 John Dewees

Paul Exley  
 Rick Gliot  
 Pat Jensen  
 Lindsley Keeton  
 John Kilgour  
 Les Killebrew  
 Brian Landry

Bernie Livingston  
 Gene Morrow  
 Patrick O'Connor  
 Doug Pace  
 Alan Phair  
 Sherry Rahn  
 John Roth

Roy Stromski  
 Jeff Tuller  
 Mike Vaughan  
 Carol Verrasaro  
 Pete Westermann

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Dwight A. Steffensen, Chairman of the Board  
Ronald J. Streck, President & CEO

## National Wholesale Druggists' Association

P.O. Box 2219, Reston, VA 22090-0219 Fax # 703/787-6930  
1821 Michael Faraday Drive, Suite 400, Reston, VA 22090-5348 • 703/787-0000

August 20, 1993

TO: Active Member CEO's  
Government Affairs Committee  
Regulatory Affairs Working Group

FROM: Diane Goyette  
Director of Regulatory Affairs

Robin Pollini  
Regulatory Analyst

SUBJECT: DEA Mid-level Practitioner Rule: Information on State Prescribing Authority

As previously reported to you, the Drug Enforcement Administration (DEA) published a final rule in the June 4 *Federal Register* establishing a new category of DEA registrants. Under this rule, mid-level practitioners (MLPs), such as physician assistants and nurse practitioners, will obtain and use their own DEA numbers to prescribe, dispense and order controlled substances, subject to state requirements. The rule went into effect on July 1, 1993. We have attached a copy of a June 1993, *Government Update* article outlining the new regulations (Attachment A).

MLPs will now be registered with DEA, but their authority to dispense controlled substances is granted by the state in which they practice. The final rule places the responsibility for verifying the degree of the MLP's authority to order and prescribe controlled substances on pharmacists, wholesalers and other parties in the distribution chain. Because prescribing authority varies so widely among states and types of MLPs, wholesalers need to be familiar with the restrictions imposed by each state that they service.

NWDA has developed the enclosed materials to familiarize you with the MLP prescribing authority in each state. We hope you will find them helpful in determining your obligations under the new DEA rule. The materials are based on information received from the National Association of Boards of Pharmacy, the American Academy of Physician Assistants, the American Nurses Association and various state authorities. In addition to the *Government Update* article, we have included the following:

**Mid-Level Practitioner Prescribing Authority by State Chart (Attachment B)** - This chart provides information on the prescribing authority, per state, for the following MLPs: doctors of homeopathy, physician assistants, advanced registered nurse practitioners, "other nurses" and optometrists. *This is only a partial list, containing information on the*

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*more commonly encountered MLPs.* It should be noted that other practitioners may be covered under the MLP rule. For the purposes of this chart, the term "other nurses" includes clinical nurse specialists, nurse midwives, certified registered nurse anesthetists and various nurse practitioner specialists.

The chart takes each state and assigns the five MLP groups a number representing their prescribing authority under that state's regulations. MLPs with independent prescribing authority (category 1) or limited prescribing authority (category 3) are probably of the most concern to you as a wholesaler because these MLPs have the greatest degree of authority to prescribe. Dependent prescribing authority (category 2) in some states may also be of concern. A description of the categories appears at the beginning of the chart.

**Notes on Dependent and Limited Mid-Level Practitioner Prescribing Authority, by State (Attachment C)** - These notes accompany the chart to provide additional information on dependent and limited prescribing authority for physician assistants and nurses. Accordingly, each category 2 and 3 listing on the chart has a corresponding explanation in the notes. Many of the chart entries for other nurses "vary." Where this variation could not be covered in the notes, you will need to contact the state for more information.

**State Contact Listings (Attachment D)** - Because there are so many different types of MLPs and the prescribing authority for each of these MLPs varies widely by state, you may need to supplement the enclosed information by contacting the states for more information. The contacts at the state Boards of Pharmacy and state licensing agencies listed in this package should be able to answer any questions that you have regarding MLP prescribing authority.

We hope that the enclosed materials will assist you in responding to the requirements of the new DEA mid-level practitioner rule. As new information becomes available we will update these materials for your use. If you have questions regarding the enclosed materials or the mid-level practitioner rule, please contact Robin Pollini, NWDA Regulatory Analyst, Ext. 242.

## ATTACHMENT A



GOVERNMENT



Update.

National Wholesale Druggists' Association PO Box 2219, Reston, VA 22090 • 703/787-0000

Vol. 13 No. 6

June 1993

## DEA Now Registers MLPs

*Changes Could Pose New Burdens  
For Pharmacists, Wholesalers*

The Drug Enforcement Administration (DEA) published a final rule in the June 4 *Federal Register* establishing a new category of DEA registrants. Under the new rule, which goes into effect on July 1, 1993, mid-level practitioners (MLPs) will obtain and use their own DEA numbers in dispensing controlled substances, subject to restrictions imposed by their state of practice.

The final rule defines an MLP as "an individual practitioner...other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice." DEA considers "dispensing" to include administering, prescribing and directly dispensing — delivering to the ultimate user — controlled substances. Examples of MLPs include nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants.

Until now, MLPs have used the DEA number of their supervising practitioner or institution, again subject to state requirements. The new MLP registration numbers will begin with the letter "M" rather than the letters "A" or "B," currently used for traditional practitioners, so they can be identified as a separate registration category.

Although MLPs now will be registered with DEA, their authority to dispense controlled substances is granted by the state in which they practice and varies widely. In the final rule, DEA acknowledges that verifying MLP dispensing authority will pose difficulties, but notes that it will be the responsibility of pharmacists, wholesalers and other parties in the distribution chain to contact the appropriate state officials to verify the degree of dispensing authority an MLP has been granted.

The burden of this verification is expected to fall primarily on pharmacists, who most commonly will receive orders for controlled substances in the form of individual prescriptions from MLP prescribers. However, drug wholesalers also can expect to handle orders for controlled substances bearing the M-designated DEA number. The unique number format should alert wholesalers to the fact that an MLP customer may or may not be authorized to order controlled substances in a given state. Since this authority varies so widely, wholesalers need to be familiar with the restrictions imposed by each state it services.

NWDA currently is compiling information on the states' laws governing MLPs, and will distribute this information to members as soon as it is complete.

**ATTACHMENT B****MID-LEVEL PRACTITIONER (MLP) PRESCRIBING AUTHORITY BY STATE**

This table provides information on state prescribing authority for a limited number of mid-level practitioners (MLPs). Please note that for the purposes of this chart, the term "other nurses" includes clinical nurse specialists, nurse practitioners and various nurse practitioner specialists. The codes used to describe the authority granted in each state are as follows:

- 1 - Independent prescribing authority: The MLP has independent authority to order or prescribe controlled and non-controlled substances.
- 2 - Dependent prescribing authority: The MLP may order or prescribe certain controlled substances under the supervision of a physician. See the notes that accompany this table for specific requirements by state.
- 3 - Limited prescribing authority: The MLP's prescribing authority is limited to certain types of drugs. See the notes that accompany this table for specific restrictions by state.
- 4 - The MLP may not order or prescribe controlled and non-controlled substances.
- "vary" - Prescribing authority varies among different types of nurses. Contact the state for more information.

STATE	DOCTOR OF HOMEOPATHY	PHYSICIAN ASST	ADVANCED REGISTERED NURSE PRACTITIONERS	OTHER NURSES	OPTOMETRISTS
Alabama	4	4	4	4	4
Alaska	4	2	1	2	4
Arizona	1	2	1,2	4	1
Arkansas	1	4	4	4	1
California	4	4	3	vary	4
Colorado	4	2	2	vary	4
Connecticut	4	4	2	vary	4

STATE	DOCTOR OF HOMEOPATHY	PHYSICIAN ASST	ADVANCED REGISTERED NURSE PRACTITIONERS	OTHER NURSES	OPTOMETRISTS
Delaware	4	4	4	4	4
District of Columbia	4	2	2	2	1
Florida	4	4 (see notes)	2	4	1
Georgia	4	4	4 (see notes)	4	1
Hawaii	4	4	4	4	4
Idaho	4	2	1	vary	1
Illinois	4	4	4	4	4
Indiana	4	4	4	4	1
Iowa	4	2	3	4	1
Kansas	4	2	2	4	1
Kentucky	4	4	4	4	3,4
Louisiana	4	4	4	4	4
Maine	4	2	2	vary	4
Maryland	4	4	2	vary	4
Massachusetts	4	2	4	vary	4
Michigan	4	2	2	2	4
Minnesota	4	2	2	vary	4
Mississippi	4	4	2	vary	4
Missouri	4	2	4	4	1

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STATE	DOCTOR OF HOMEOPATHY	PHYSICIAN ASST	ADVANCED REGISTERED NURSE PRACTITIONERS	OTHER NURSES	OPTOMETRISTS
Montana	4	3	1	vary	1
Nebraska	4	2	2	2	1
Nevada	1	2	2	4	4
New Hampshire	4	2	1	vary	4
New Jersey	4	4	4	vary	3
New Mexico	4	2	2	vary	1
New York	4	2	1	vary	4
North Carolina	4	2	2	vary	1
North Dakota	4	2	2	2	1
Ohio	4	4	4	vary	1
Oklahoma	4	4	4	4	3
Oregon	4	2	1	vary	1
Pennsylvania	4	4	4	4	4
Puerto Rico	4	4	4	4	4
Rhode Island	4	2	3	vary	1,4
South Carolina	4	2 (see notes)	2	vary	4
South Dakota	4	2	2	4	1
Tennessee	4	4	2	vary	1
Texas	4	2	2	vary	1

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STATE	DOCTOR OF HOMEOPATHY	PHYSICIAN ASST	ADVANCED REGISTERED NURSE PRACTITIONERS	OTHER NURSES	OPTOMETRISTS
Utah	4	2	2	vary	2
Vermont	4	2	1	vary	4
Virginia	4	4 (see notes)	2	vary	1,4
Washington	4	2	1	1	4
West Virginia	4	2	3	4	4
Wisconsin	4	2	4	4	4
Wyoming	4	2	1,2 (see notes)	4	4

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**ATTACHMENT C**  
**NOTES ON DEPENDENT AND LIMITED PRESCRIBING AUTHORITY BY STATE**

- AK - Physician Assistants:** PAs may prescribe Schedules III-V controlled substances.
- Nurses:** Advanced registered nurse practitioners (ARNPs) have independent prescribing authority. The Board of Nurses may limit the types of drugs that they can prescribe in accordance with their education and experience.
- AZ - Physician Assistants:** PAs may prescribe Schedules II-III in a limited 48-hour supply, and Schedules IV-V in a 34-day supply. All prescriptions must contain the name of the supervising physician.
- Nurses:** Nurse practitioners (NPs) have full prescriptive and dispensing authority upon application and fulfillment of criteria established by the Board of Nursing. NPs may prescribe Schedule II and III drugs (limited to a 48-hour supply per patient) and Schedule IV and V (a one-month supply with no refills per patient). Other drugs may be refilled five times or up to one year.
- CA - Nurses:** NPs who have satisfactorily completed at least six months of MD-supervised experience in furnishing drugs or devices, who have satisfactorily completed a course in pharmacology and who have been issued a furnishing number by the Board of Nursing may furnish certain drugs or devices incidental to the provision of family planning services.
- CO - Physician Assistants:** Physicians may delegate limited prescribing authority to certified PAs. PAs may issue prescriptions for non-controlled substances only.
- Nurses:** NPs may write prescriptions for select drugs pursuant to an established protocol.
- CT - Nurses:** Nurse practitioners, clinical specialists, nurse midwives and nurse anesthetists may apply for prescriptive practice privileges. ARNPs must apply for licensure in order to prescribe. Dispensing privileges are also granted to ARNPs functioning in public clinics.
- DC - Physician Assistants:** PAs may sign prescriptions for non-controlled substances on Rx pads that contain the name of the supervising physician and PA.
- Nurses:** DC provides dependent prescriptive authority for NPs, nurse midwives and nurse anesthetists for Class II-V drugs according to existing federal laws.
- FL - Physician Assistants:** Legislation passed in 1992 grants PAs dependent authority to prescribe drugs according to a formulary. Although the legislation has been passed, the mechanisms for implementing the legislation will not be fully in place until early fall.
- Nurses:** NPs have dependent prescriptive privileges for non-controlled substances.
- GA - Nurses:** Although nurses have no prescribing authority, a 1989 law states that through a protocol a physician may delegate to a nurse in advanced practice the authority to order controlled substances and dangerous drugs.



- ID - Physician Assistants:** PAs may write prescriptions as agents of their supervising physicians by applying to the board for prescription-writing authority. The board-approved formulary is limited to 24 categories of legend drugs (antibiotics, non-narcotic analgesics, contraceptives, topical and local anesthetics, etc.).

**Nurses:** Prescribing is allowable for approved NPs based upon a formulary in the rules; NPs may not prescribe controlled substances.

- IA - Physician Assistants:** Physicians may delegate the function of prescribing drugs, controlled substances, and medical devices to a licensed PA. PAs may prescribe Schedules II-V controlled substances, except Schedule II stimulants and other depressants. PAs may order Schedule II stimulants and depressants with the prior approval and direction of a physician, and may request, receive and supply sample drugs and medical devices.

**Nurses:** Nurses may write prescriptions for non-controlled substances under an established protocol.

- KS - Physician Assistants:** PAs may issue prescription orders orally by telephone for Schedule II controlled substances in an emergency. The supervising physician must provide a written prescription within 72 hours. PAs may orally by telephone transmit prescription orders for Schedules III, IV and V controlled substances, as well as non-controlled substances, which may also be prescribed in writing.

**Nurses:** NPs may prescribe under jointly adopted protocols between the nurse and physician.

- ME - Physician Assistants:** Physicians may authorize PAs to prescribe or dispense controlled substances. Authorized PAs may issue prescriptions for categories of drugs on the board-approved formulary, which excludes Schedule II controlled substances. All parenterals except insulin are excluded unless prescribed for administration within a hospital, clinic, physician's office or nursing home. The amount of scheduled drugs that may be prescribed may be no more than 100 dose units or a 90-day supply, whichever is less.

**Nurses:** Prescriptive authority is approved by the Board of Medicine. Limits in prescribing formulary by exclusion (i.e., narcotics).

- MD - Nurses:** NPs prescribe medications as agreed upon in writing with physicians.

- MA - Physician Assistants:** PAs may write prescriptions for legend drugs and controlled substances (Schedules II-V). Prescriptions and medication orders must be issued in accordance with guidelines developed by each PA and supervising physician.

- MI - Physician Assistants:** Physicians may delegate to PAs the prescription of drugs other than controlled substances. The supervising physician's name must be indicated in connection with each individual prescription.

**Nurses:** Physicians may delegate the prescribing of drugs to RNs, excluding controlled substances.



**MN - Physician Assistants:** Physicians may delegate to PAs the authority to prescribe and administer legend drugs and medical devices that are appropriate to the practice. This delegation must be approved by the board. Physician and PA must have an internal protocol that lists the drugs and medical devices the PA may prescribe or administer.

**Nurses:** NPs have prescriptive authority when delegated to do so under a written agreement with a physician. Nurse midwives also have authority to prescribe.

**MS - Nurses:** NPs have statutory prescriptive authority granted by the Board of Nursing. This authority is based on the accepted protocol, which lists the treatments and medications the NP expects to prescribe in his or her practice. NPs are not allowed to prescribe controlled substances.

**MO - Physician Assistants:** The regulations do not impose restrictions on the types of drugs that PAs can prescribe. This is left to the discretion of the supervising physician.

**MT - Physician Assistants:** PAs may prescribe, dispense and administer drugs to the extent authorized by the rules of the medical board and/or the physician's utilization plan. Authority granted to the PA may include Schedule III, IV and V controlled substances, and Schedule II with a 48-hour limit. The medical board does not permit PAs to prescribe thrombolytics.

**NE - Physician Assistants:** PAs can only prescribe medications as an agent of a supervising physician. The PA may prescribe medications in the name of the supervising physician if the authority has been assigned by the physician (Schedule II controlled substances used for pain control are limited to a 72-hour supply). Prescription label must bear the name of both the PA and the supervising provision.

**Nurses:** ARNPs have dependent authority based on a practice agreement with their supervising physician.

**NV - Physician Assistants:** PAs may prescribe poisons, dangerous drugs or devices, but not controlled substances. PAs must be registered with the Board of Pharmacy.

**Nurses:** ARNPs may prescribe if certified by the Board of Nursing.

**NH - Physician Assistants:** Prescriptions transmitted by PAs must be based on patient-specific orders from the supervising physician or on written protocols. All Rx for controlled substances must contain the supervising physician's DEA number with the PA's state license number as a three-digit suffix.

**NM - Physician Assistants:** PAs may prescribe, administer and distribute dangerous drugs other than controlled substances provided it is done under physician supervision and within medical board-approved guidelines and formulary. The formulary lists 70 types of drugs PAs may prescribe.

**Nurses:** NPs have prescriptive privileges with their own signature in accordance to written protocols with physician supervision.